The newsweekly for pharmacy

October 13, 1984

a Benn publication

Council in favour of OP dispensing

Society to look at role in home care

SDP views on Pharmacist's Charter

Boom and gloom for cosmetics?

Clinical pharmacy: renal disease

Vestric up sales 16pc but see drop in profits

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COMMENT

Two reports on the cosmetics industry have been published this week together with another on the toiletries sector. The Key Note

reports on both markets contain a note of optimism about past trends and future performances, but *Retail Business* views the way ahead for the cosmetics industry with a degree of scepticism, at least as far as the independent chemist is concerned.

It says the production of cosmetics in the UK has been declining in real terms for a number of years and it puts retail sales at £240m in 1983. Volume has been maintained by those manufacturers who have offered quality products at economic prices, it says, and cites Boots and Avon as key exponents of this strategy.

The picture for the independent chemist does not improve when sales are examined. Boots take the lion's share followed by direct sales companies such as Avon, and the department stores with one sixth of sales. Retail Business does not see the pressure coming off the independent chemist who is "unable to compete on price and range." No one will argue with them especially as another direct sales cosmetics company, Mary Kay, recently announced its intention to cross the "big pond" (C&D, September 15, p492). To compound the independent's problem this week Boots are introducing their System 1 cosmetics range to add to the already dominant No7 and 17

brands and priced in between the two.

And, of course the competition does not end there as food chains introduce own-brands and the Superdrugs of the retailing world hunt for their share of the market alongside Marks & Spencer and others. Wherein lies salvation for the independent? Certainly not through the pharmaceutical wholesaler. Cosmetics is one section of the chemist universe that wholesalers have steadfastly refused to consider.

Graham Walker, a community pharmacist and Council member, who gives an annual review of the cosmetics market for C&D, perhaps hit the nation the head earlier this year. In his 1983 review he said the industry will have to wait at least another year before it has a buoyant market. Meantime he advises: "Retailers should react by rationalising and destocking..."

This is the likely solution for the majority of independents when they take account of their local trading environment and opposition but the e are no easy solutions. Some cosmetics companies do seem to cater rather better for the independent than others and to keep promotions at a sensible level. If the independent is going to have to struggle to maintain his existing market share then he may as well do so on balanced stockholding to ensure a respectable stockturn and a reasonable return on his investment.

Council in favour of OP dispensing

The Pharmaceutical Society's Council wants original pack dispensing to be made the norm and is to hold discussions with other organisations on how this can be done.

A document on OP dispensing was considered by the Practice Committee at this month's Council meeting. It was noted that OP dispensing would have benefits in the areas of patient compliance, strict product liability, product recall and product integrity. There would be financial implications for manufacturer, pharmacist and the NHS, and a complete transfer to original pack dispensing would mean increased storage requirements for

wholesaler and pharmacy.

The Committee noted that the Association of the British Pharmaceutical Industry was in favour of original pack dispensing and that a survey last April suggested that most pharmacists would not oppose such a move. On the Committee's recommendation, Council agreed that original pack dispensing should be the norm.

The Practice Committee believed discussions should be held with various interested bodies, beginning initially with the industry. An invitation is to be extended to the ABPI for manufacturers of both branded and generic products to meet the Society to discuss implementation of the two bodies' policies.

Location plan goes to MoH

The profession has reached a concensus on rational location and its view has been made known to the Minister for Health.

The rational location policy has been produced by a working party comprising representatives from the Pharmaceutical Society, National Pharmaceutical Association, Pharmaceutical Services Negotiating Committee, Company Chemists Association, Co-operative Pharmacy Technical panel and Rural Pharmacists Association. The document was sent to the Department of Health under cover of a letter signed by secretaries or chief executives of these bodies

A spokesman for the Pharmaceutical Society described the agreement within the profession as "a milestone."

O₂ rethink for PSNC and BOC

The Department of Health's decision to introduce oxygen concentrators regionally on a cost competitive basis (C&D October 6, p594) has upset plans by the Pharmaceutical Services Negotiating Committee and the British Oxygen Co, who were each aiming to tender for a national service.

BOC had put forward a scheme to the DHSS to provide a complete domiciliary oxygen service, which it claimed would

save £3m. PSNC was formulating a competitive scheme involving the 3,000 contractors who supply oxygen.

"We were hoping the proposals would be on a national basis," Mr Alan Smith, PSNC chief executive, told C&D. "But with it being regional we shall have to do some more sums. Some areas, such as South Wales, have a large number of high volume users. Geographical and population variations within regions could lead to different considerations being taken for each tender."

Mr Smith did not think it would make it more difficult for PSNC to tender to provide a concentrator service.

"I would hope that we can get universal coverage. The provision of oxygen is ideally done by the pharmacist. He knows the patient and the prescriber. He is familiar with other medication the patient is taking. Over 3,000 pharmacists have provided a 24-hour, 365 days a year service since 1948. The loss of that for the saving of a mere £1m would be a shame."

BOC say they are as yet undecided what to do about their proposal. "We applaud the introduction of concentrators, and that it has come on a competitive basis," says company spokesman Mr Ashton-Jones. "We are not sure how much of the £2m-plus savings a year which we offered will be realised."

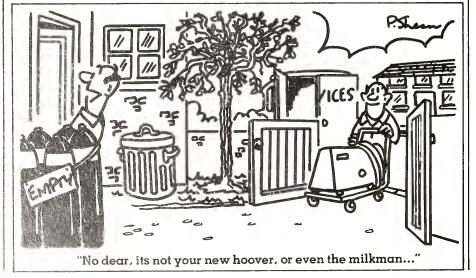
He confirmed the company would be competing nationally.

Rimer-Alco of Cardiff will also be joining the competition and are confident they can provide a service and replacement facility. "We would set up a depot in every region," director and general manager Mr Cooper told C&D.

The Department of Health has given no indication yet of the regions the country is to be divided into, other than to say the new concentrator service will be provided through family practitioner services. A spokesman said the Department would now discuss the proposals with the professional bodies involved.

Director and general manager of DeVilbis, Mr G.D. Rose, MPS, says the Government's decision is sensible. He is delighted that the cylinder service is going to be retained and operated by pharmacists, but feels the NHS will benefit from a concentrator service.

"DeVilbis have invested a lot of time and money in the concentrator sector and intend to remain involved", he said.



SDP's views on Charter finance

Doubts about how some of the "Pharmacist's Charter" proposals could be financed have been expressed by the Social Democrats in their initial reaction to the charter.

Mr Nicholas Wood, an SDP pharmacist and convenor of the SDP Health and Welfare Association's pharmacy group, made the first comments at the conference of Co-operative superintendent pharmacists and opticians, held in Banbury last weekend. Stressing that while policies were always developing in response to changing circumstances, Mr Wood said that his remarks represented some of the current thinking of the party policy makers.

He said that all the Charter's recommendations were professionally admirable, but doubted if much NHS money could be put into them under present economic circumstances. He had yet to see a financial breakdown of the costs of implementing the charter. He cited counselling areas, domiciliary and 24-hour services, and drug security as worthy improvements in the services pharmacists could offer, but posed the question "who pays?" Although the SDP was committed to an increase in NHS funding of 1.5 per cent per annum there were many more important aspects of the NHS that would be competing for funds.

Turning to a Pharmacists National Formulary, Mr Wood said he did not think the NHS should pay for drugs recommended and sold by the pharmacist over the counter. The Treasury would be horrified at the cost and the charge - so often levelled at dispensing doctors — of being both prescriber and dispenser, would justifiably be levelled at pharmacists. A formulary was fine if it offered guidance and recommendations to the pharmacist on a range of OTC medicines.

However, Mr Wood suggested that there could be scope for the party to consider repayment by the NHS of the costs of private emergency supplies. By use perhaps of a modified FP57 receipt form it might be possible for NHS patients to reclaim the private dispensing fees and drug costs presently paid for this service.

Turning to the Greenfield Report, Mr Wood deplored the Government's decision not to implement its recommendations on generic substitution. The Government had clearly been influenced by scare stories from the industry. Knowing the Government's enthusiasm for imposing financial constraints on the health service, he was surprised it had not seen fit to implement this particular saving.

Mr Wood suggested that the pharmacist's charter should call for the implementation of the Greenfield Report and generic substitution. To implement the report would release money which could be used to finance the PSNC's other charter proposals.

How confidential are GP records?

The DHSS is circlating for comment draft guidelines on confidentiality of doctor's records.

The new code, drawn up with the help of British Medical Association president Sir Douglas Black, starts from the basis that medical information should not be given without the patient's consent except where public interest outweighs the individual's right to privacy. This is felt to be the case where disclosure is:

Required (not merely permitted) by law.

Ordered by a judge.Needed for an "essential management function" (such as investigation of a patient's complaint about treatment).

In these cases the health authority can give out information without consulting either the patient or his doctor.

There are a further four categories

where the doctor's authorisation must be obtained. These are:

Cases of health research — providing certain safequards are met.

Prevention, detection or prosecution of serious crime.

Risks to national security. Dangers to public health, such as prevention of control of communicable diseases. Currently only notifiable infectious diseases covered by legislation

or through the monitoring of adverse drug reactions are covered.

If the code is adopted, health

authorities will also be encouraged to publish details of disclosures made at least once a year. The guidelines have been put together in the wake of the Data Protection Act. "We're putting flesh on the bones," says the DHSS.

Comments should reach K.G.Carpenter, Room B1201, Alexander Fleming House, Elephant & Castle, London SE1 6BY by the end of February next year. Copies of the draft code can be obtained from the same address.

Premises rise to 11,030

The number of pharmacies rose again in September to 11,030, continuing the upward trend established in April after the traditional post-Christmas dip.

The Pharmaceutical Society's Register of Premises recorded a total of over 11,000 pharmacies for the first time in eight years in August. A further net gain of 24 shops was seen in September. Over the last 12-month period the number of shops has risen by 120. In England 26 pharmacies opened up (three in London) and there were five closures. Three premises opened in Wales and there was one closure. In Scotland there was a single closure and two openings.

Opren claims may take years

Court action against the makers of the arthritis drug Opren will be the costliest and one of the longest in European legal history, a lawyer said this week.

The claims of about 600 Britons who took the drug could take ten years to be heard, by which time many of its alleged victims will have died of old age, according to Mr Peter Llewelyn. It will also cost tens of millions of pounds.

He demanded urgent EEC action to introduce measures which would guarantee speedy compensation.

Mr Llewelyn has been retained by the Opren Action Committee as well as individuals fighting the American makers, Eli Lily, and their British Subsidiary, Dista Products Ltd. US victims who claimed severe side effects from the drug have already been compensated — but British law requires proof of negligence, which takes time to establish and costs too much for most people, he said.

He told a Brussels Press conference called by the European consumer watchdog, BEUC: "Many claimants have no chance of compensation while Americans are already getting money. The reason is the absence of strict product liability in Europe. We want the EEC to introduce the measures which have now been under discussion for a decade.'

BEUC has long campaigned for a strict liability regime. The latest campaign was launched on the eve of a meeting of EEC ministers in Luxembourg, at which product liability is on the agenda.

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are the only places where the Slender range of products are available, he hasn't a chance.

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Slender

RANGE

When you lose weight with Slender you do it with taste!



Margins cannot be criticised publicly by NPA

The National Pharmaceutical Society has been advised by its solicitor that it cannot publicly criticise or draw attention to medicine manufacturers who do not give reasonable retailer margins without risking an infringement of the Restrictive Trade Practices Act.

A number of Board members had suggested giving publicity to those manufacturers who launched or promoted medicinal products at a lower than usual recommended retail margin. At the September Board meeting advice was received from the NPA solicitor, who confirmed earlier advice from director Mr Astill that such publicity could amount to a registerable agreement under the Act.

The solicitor said the element of publicity inherent in the Board's desired way of approaching the problem would suggest that some sort of implied recommendation is to be made to the membership of the NPA."

However, the director emphasised that the NPA, as a trade association, was tightly controlled by the legislation in a way that did not apply to individual pharmacists. There was, he said, nothing to stop a pharmacist writing to the Press in his or her personal capacity, drawing attention to any undesirable feature of a particular company's policy. The individual could, if he or she wished, urge other pharmacists to join in a boycott of products.

The Board's general purposes committee discussed a variety of replies from manufacturers on points that had been raised by the NPA on behalf of members. These included a complaint that manufacturers of contact lens solutions were not providing adequate numbers of representatives (a point refuted by the companies); that the gross profit on certain lines was too low for pharmacy-only medicines and that particular aspects of marketing plans for certain products were questionable. The NPA office is to pursue these matters further.

Advertising campaign. The media schedule for 1985 was approved. The agency had prepared a suggested format for a leaflet for mailing to members and this was approved by the Committee. It was agreed that the new advertisements would be made public in November.

WinPharm, Crookes and Boehringer-Ingelheim had agreed to support the campaign by placing advertisements on the reverse of posters to be sent out to members with a new acrylic stand.

Technician training. Over 100 applications had been accepted for the correspondence course. Agreement had been reached with Sunderland Polytechnic to run the Summer School—an essential and integral part of the course.

TEC validation for the NPA course was to be sought. In light of discussions with representatives of the Society of Apothecaries, it seemed unlikely that the Society would agree to depart from its "O" level entrance requirements.

The company carrying out the design work for the new-look staff training course was hopeful that work would be completed by the end of the year.

Staff dishonesty. The office is receiving an increasing number of calls from members asking for advice on this problem. It was agreed that a security leaflet could be added to the bundle of staff literature sent to members in need of guidance automatically and not only when people requested it as at present.

BPSA sports final. Hitherto the event had been partially sponsored by the NPA. It was agreed that discussions be held with BPSA with a view to more substantial sponsorship being provided by the Pharmacy Mutual Insurance Company. Photographic Code of Practice. It was decided that the NPA would continue to be associated with the Code, which had recently been revised in accordance with the recommendations of the Office of Fair Trading. The revised Code and a new window sticker would be mailed to all members shortly.

Flavoured ethical medicines. Although the addition of alternative flavours to certain product ranges led to extra stock holding, the Board expressed sympathy with patients who required to take products long term and would therefore not raise any objections to this new development in relation to medicines that were likely to be taken by the chronically sick.

Drug and Therapeutics Bulletin. A further year's bulk subscription rate had been agreed on behalf of members at an enhanced rate of discount.

BSI matters. It was noted that the NPA was involved in moves to extend the scope of the present British Standard for child resistant containers to encompass certain household fluids. This was consequent upon the Industry Department's announcement that provision of CRCs for a number of toxic and corrosive fluids was shortly to become a legal requirement. Sufficient progress had been made to agree a draft revised Standard for public comment.

Join ANA, ABPI tells members

The Association of the British
Pharmaceutical Industry has
recently recommended to its
members that they should join the
Article Number Association to
ensure European Article Numbering
codes can be allocated to full
product ranges as soon as possible.

The timing of the inclusion of EAN bar codes on packs will remain a matter for individual company action, says the ABPI.

This is the latest development in the process which began in March 1981 with the report on the Pharmaceutical Interface Product Code working party. Following the lead taken in the grocery trade, the conclusion was reached that the EAN system would become the preferred code for direct electronic data entry using scanning methods. The 13-digit code was, however, unsuitable for keypad recording systems.

"This factor led to the group recognising that, for short term use, a Pharmaceutical Interface Product (PIP) code should be based on the 6-digit code which has since come into increasing use on the wholesaler/retail interface."

(The PIP code is published in the Chemist & Druggist Price List and is managed by the National Pharmaceutical Association — Editor.)

Two recent developments confirmed the ABPI decision to make its recommendation. These were the action by Boots the Chemists, advising suppliers of their decision to base future systems development on the EAN code for sales data capture. The other was an approach by the Regional Pharmaceutical Officer's Committee which is actively persuing the adoption of EAN bar codes within NHS hospitals.

Norinyl-l rights

A group of handicapped British women have won the right to sue Syntex in the United States for damage allegedly caused by the company's Norinyl-1.

Twenty one women have fought for five years to get their case heard in the USA, where settlements are higher and the law is more favourable to the plaintiff.

Syntex had objected to the case being heard in the US because the drug had been manufactured, marketed and prescribed in Britain, in conformity with British law, says a report in the Observer.

Local support for Coggeshall appeal

Over 750 residents from Coggeshall supported Mr Stuart Castle in his appeal to the Secretary of State after his application to open a pharmacy in the Essex village was refused by the Rural Dispensing Committee.

The residents signed a petition during the eight working days in the 14-day period Mr Castle had to lodge the appeal. The appeal has since been turned down, and Mr Castle is highly critical of the way the affair has been dealt with by the authorities. His original application had to be made because a dispensing doctor practice and another pharmacy already exist in the village.

It was refused because the RDC felt it would have an adverse effect on the existing pharmacy, owned by Mr Stanley Prentice.

The case was decided without a visit to the area by the RDC or the Department of Health, says Mr Castle. At any rate no one contacted him from the RDC or the Secretary of State's office. "Had some notice been taken of some of the comments made in submissions to the RDC someone would have come along," he maintains.

Mr Castle is taking legal advice to see is there may be a case of maladministration to put to the NHS Ombudsman. He has met with his local MP, Mr Tony Newton, a junior health minister.

Mr Castle says there has been a lot of support for an alternative pharmacy in Coggeshall, and he feels the public has been denied a proper choice in the present situation. Ms Norma O'Hara, secretary of Mid-Essex Community Health Council, in a straw poll conducted in the village on market day, also found support for an alternative to the existing pharmacy was strong.

Mr Castle's application did not receive the backing of the local pharmaceutical committee, who felt it would make both presmises unviable.

The RDC is allowed under the Clothier Regulations to "refuse any application (to dispense) to the extent that it is of the opinion that to grant it would prejudice the proper provision of general medical or pharmaceutical service in any locality."

Threats to independence

Current negotiations between the DHSS and Pharmaceutical Services Negotiating Committee may be threatening the existence of separate negotiating machinery for contractors in Northern Ireland and Scotland.

Decisions reached in London are monitored in Scotland by the Pharmaceutical General Council and in Northern Ireland by the Pharmaceutical Contractors Committee. But neither body is represented at the negotiations on the new contract. Any move to be so, puts pressure on them to become involved in a joint negotiating body.

And with the prospect of annual reviews the Government are understood to favour the establishment of one inquiry unit. Unless separate figures were produced for Scotland and Northern Ireland decisions as to how the global sum is allocated to take account of local circumstances would not be possible.

"Sure (croak!) Shield, please."

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These licenced medicines are manufactured by Thos. Guest & Co. Ltd., who are established over many years. So you can trust the proven formulae.

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Remember, when your customers rasp, squeak and croak this winter, they'll be trying to say "Sure Shield, please."



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TOPICAL REFLECTIONS

BY XRAYSER

Generics (UK) Ltd

Generics (UK) Ltd are not involved, and never have been involved in the parallel importing of salbutamol or any other product as implied by an incorrect headline in last week's issue. The company is extremely concerned about the implication because, on the contrary, it has been active and successful in bringing out original generic products—such as flucloxacillin, verapamil, tamoxifen, and temazepam.

Water meter co goes under

Creditors of Metro Water Meters — a Birmingham-based company — have received the following letter:

"Due to embezzlement of a large amount of company money by a member of the sales staff, who we believe is now in police custody, the company has ceased trading and vacated its premises. The Official Receiver has not been called in due to the low amounts involved and there not being enough funds to finance this. Should you wish to do this the company accountants are Baker Rooke & Co, Elliot Cogent House, Drury lane, Solihull.

"Mr Farrar, to whom your letter was addressed, retired from the company in August and can be contacted at his home address."

Baker Rooke deny authorising the letter. C&D tried to contact Metro, but found the number on their letterheading had been disconnected.

Sainsbury says...

Opposition to the continuing policy of the Labour Party, that the pharmaceutical industry should be nationalised, has come from Lord Sainsbury who chaired a committee of inquiry into NHS/industry relationships in 1965-67.

The committee unanimously decided the industry should not be nationalised, he says in a letter to *The Times*. He believes objections to the principle of public ownership of drug companies, cited by the committee nearly 20 years ago, are still valid

Lord Sainsbury said the committee took note of the criticisms of prices, profits and promotional expenditure and made recommendations, some of which had subsequently been put into effect.

Introspection

Mr Ritchie, chairman of Macarthy's recently addressed his annual meeting. Interesting thoughts about the unsavoury PIs which he, like me, sees as having to be taken in by our wholesalers. I personally think it could be quite profitable for them, since if they cream off the high profit ones with care, they will effectively "do the business" on the very people who started this obnoxious game. Time will tell. But whatever wholesalers do regarding this particular problem, the ultimate point of being in business is to make a satisfactory profit for the shareholders. I can well understand the last part of his address where he asks. "What business are we in? Should we be in that business? Are we making the best use of our resources, etc?"

At this point every contractor must also be asking, who is my major wholesaler and do I actually need all his net profit? Can some of it go to the people who put up the risk capital in the first place? If we must have it all back, then co-operatives are the only answer. By default, we will see wholesaling polarise into a situation where all independents, and maybe a few companies as well, will turn to Unichem, while wholesaler companies with retail branches will turn to buying new shops. Those in the middle will be vertitable piggies, ready for eating.

Oxy-Gen

Few of us will have missed the headline last week which said "Concentrators in — pharmacy out?". Initially as holder of umpteen giving sets my heart sank at the prospect of yet another dimunition in the volume of business which the Government seems to feel sure will follow its introduction of oxygen concentrators.

But hang on a minute... In 20 years I have never had a patient whose cylinder needs were measured in nines or tens a week. Of course, there are patients whose cost to the NHS must be disproportionately high and for whom the concentrator makes sound economic use. I don't blame the Government for wanting to introduce a saving which is seen to be feasible, and can to some extent understand their deciding to put the supply to open tender.

However, I don't see any reason why pharmacy should lose this new aspect of the oxygen contract. With the PSNC in a unique position to monitor the actual use of oxygen, it ought to be able to tell how many patients would qualify for use of a concentrator. While in my view it is unlikely that many present contractors

would want to buy the new equipment, I don't see the need for them to do so. In the first place, there is no urgency for the supply, since cylinders could be used as cover, until an apparatus is delivered.

Secondly, in any one area, which might well be that covered by the local pharmaceutical committee, demand can be assessed quite accurately at present, while fluctuations could be met from a regional pool. With guidance from PSNC (who must put in a national tender) the concentrators can be purchased according to a known area need by the LPCs using funds from their levy.

Concentrators could then be held by area wholesalers on our behalf. Each time they are required, a handling charge could be made by the wholesaler for delivery to the pharmacist. The payments previously agreed for the supply under contract, to go half to the contractor and half to the LPC, so as to repay the cost into the levy fund.

With such a scheme we ought to be able to put in an unbeatable contract price since by this method no pharmacist has to bear any capital cost directly. Yet the cost bourne temporarily from the levy funds already held by most LPCs will be repaid without interest from the returns from actual use.

Take a letter

I mustn't finish this week without referring to the correspondence of last week...

First, a note from Mr D. Wright, managing director of Macarthys Ltd, pouring desperate doubts on the value of Unichem's bond scheme. Unfortunately, the thought of about £2,000 for nothing more than a shift of buying, even though you might have to wait a few years, can be said to have certain attractions. I happen to think it is quite unfair to Unichem members who generated the money over the last few years, and who since they are supposed to be shareholders might be supposed to have a prior claim to it?

More eyewash. An astonishing note from John Evans of Abatron, which I don't understand. I'm obviously of low intellect, because all I said some time ago was that I couldn't get my usual range of contact lens solutions from any of the wholesalers from whom I normally bought them.

Finally, I am sorry if my comments back in August put Agfa down. I had been sold rather a lot of their older film, and before their new film was available, I decided I had had enough of the D & P aggro and shifted to Fuji. I believe the new XR film is comparable with the best of the competition.

PRESCRIPTION SPECIALITIES

Post-coital pill

Schering Pharmaceuticals have this week introduced what they claim as the first "specially packaged" post-coital contraceptive.

It is difficult to gauge the numbers of people seeking post-coital protection nowadays but the Family Planning Association says that since its campaign on the morning-after pill they receive about ten phone calls a day on the subject. Before the campaign they had perhaps one a week. And quite a few of those who do inquire want to know if it can be used as a regular method. It is of course not suitable for regular use, indeed warnings in Schering's Data Sheet say that the post-coital pill does not appear to be as effective as some regularly used methods.

Schering PC4 tablets

Manufacturer Schering Pharmaceuticals, The Brow, Burgess Hill, West Sussex Description White, sugar-coated tablets each containing 0.25mg levonorgestrel and 0.05mg ethinyloestradiol Indications Post-coital contraception within 72 hours of unprotected coitus as an occasional emergency measure. Dosage The first two tablets should be taken as soon as possible after coitus (up to a maxium of 72 hours afterwards) and the remaining two 12 hours later Contraindications Patients whose menstrual bleeding is overdue. Other contraindications as for other combined oral contraceptives

Warnings It does not appear to be as effective as some regularly-used methods of contraception and is suitable only as an occasional emergency measure. Patients who become pregnant despite post-coital contraception should be carefully evaluated for ectopic pregnancy. Because Schering PC4 affects only endometrial implantation, tubal pregnancy can occur at the expected rate. Safety during lactation not established. Vomiting, severe diarrhoea or other causes of malabsorption may impair the efficacy of the drug. Similarly interaction with concurrently used drugs such as barbiturates, phenytoin, phenylbutazone, rifampicin, ampicillin and other antibiotics may also impair efficacy Precautions Importance of follow-up and possibility of early or late onset of next period should be explained to patient. Abstinence or careful use of barrier method until next period is advised.

Follow-up should be done about three weeks after therapy to assess effectiveness of method, and discuss future contraception.

Side effects Nausea and vomiting are common, the latter may reduce efficacy if it occurs within about two hours after either dose in which event further doses should be considered. Concommittant administration of anti-emetic has been favoured by some doctors. The pattern of menstrual bleeding is often temporarily disturbed. Breast discomfort and headaches may also occur Packs Four tablet pack (£1.40 basic NHS) Supply restrictions Prescription only Issued October 1984

Noristerat injection

Manufacturer Schering Pharmaceuticals, The Brow, Burgess Hill, West Sussex Description Ampoules (1ml) containing norethisterone oenanthate (200mg in 1ml) in oily solution for intramuscular injection Indications Depot contraceptive intended for short-term use when high level of efficacy independent of possible patient errors is required. Licensed for short-term use for wives of men having vasectomy, until vasectomy is effective and women immunised against rubella to prevent pregnancy while the virus is active. It can be used immediately after delivery or abortion. It has not been found to inhibit breast milk production but traces of the hormone appear in breast milk. Breast feeding should be witheld from neonates with severe or persistent jaundice requiring medical treatment Dosage 200mg intramuscularly provides contraception for eight weeks. The first injection should be given within the first five days of a menstrual cycle (the first day of menstruation counting as day one). The injection may be repeated once after eight weeks. The viscosity of the injection at low temperature is high, necessitating considerable pressure for injection. The ampoule may be warmed in water before injection, and should always be injected deep into the gluteal muscles Interactions Some drugs (barbiturates, phenytoin and rifampicin) may accelerate metabolism and reduce if efficacy Contraindications Acute and severe liver disease. History during pregnancy of idiopathic jaundice or general pruritis or Herpes gestatonis. Dubin-Johnson and Rotor syndromes. Pregnancy Warnings Should not be used where there is a history of thromboembolic processes Side effects Bloating, breast discomfort, headaches, dizziness and transient nausea

Marked weight increase is rare. The menstrual pattern is likely to alter. Menstrual changes include spotting, breakthrough bleeding and delayed menstruation which are relatively frequent. With persistent bleeding it may be expedient to give progestogen/ oestrogen tablets such as a combined contraceptive for ten days to create a withdrawal bleed 1-4 days later. If bleeding has not occured before the second injection is due it should not be given until pregnancy has been ruled out Precautions Women with a history of severe depressive states, disturbed liver function or any disease prone to worsen during pregnancy should be carefully observed during medication Packs 1 ampoule (£3 basic NHS) Supply restrictions Prescription only Issued October 1984

Merieux Tetavax injection

Manufacturer Servier Laboratories Ltd.

Fulmer Hall, Windmill Road, Fulmer, Slough, Bucks SL3 6HH

Description Sterile, aqueous suspension of purified tetanus toxoid. Each 0.5ml dose contains not less than 40iu adsorbed tetanus toxoid

Indications Active immunisation against

Indications Active immunisation against tetanus and reinforcement of immunity Dosage Primary immunisation: Three doses of 0.5ml by deep subcutaneous or intramuscular injection with an interval of six to eight weeks between the first and second doses and four to six months between the second and third. Generally a combined vaccine is used for primary immunisation of infants. Reinforcing doses: 0.5ml is recommended five years after primary immunisation and subsequently at five-15 year intervals. After injury likely to cause tetanus 0.5ml is recommended unless a booster injection has been given in the preceding year Contraindications, warnings etc As for other adsorbed tetanus preparations Pharmaceutical precautions Shake before use. Store at 2°C-8°C. Do not freeze. Partly-used multidose containers should be discarded at end day's use **Packs** 0.5ml syringe (1, £0.90; 20, £8.80)10-dose vial (£2.40 all prices trade) Supply restrictions Prescription only Issued October 1984

Heminevrin capsules new presentation: Heminevrin capsules are now presented as smaller, greyish-brown gelatine capsules containing chlormethiazole base 192mg in Miglyol. Astra Pharmaceuticals Ltd, Home Parks Estate, King's Langley, Herts.



Which cough treatment receives most pharmacy recommendations?



Benylin

The Martin Hamblin Recommendation Study confirms it. And clinical trials data reaffirms Benylin Expectorant as brand of choice over its nearest competitor.

At Warner-Lambert Health Care, we have many other successes for you. Newcomers like Sinutab, Lifestyles and Poly Hi-Lights, and the steady growth of the whole Poly hair range. The established pharmacy franchise of Veganin and Anusol, for instance. Or the way Listerine, Listermint and Oraldene dominate the mouthwash business, with 66% of the market between them.

Our expanded Sales Force is always ready to help and advise you on our products. Or, if you wish, contact our Sales Services Department at any time on Eastleigh (0703) 619791. We'll be pleased to hear

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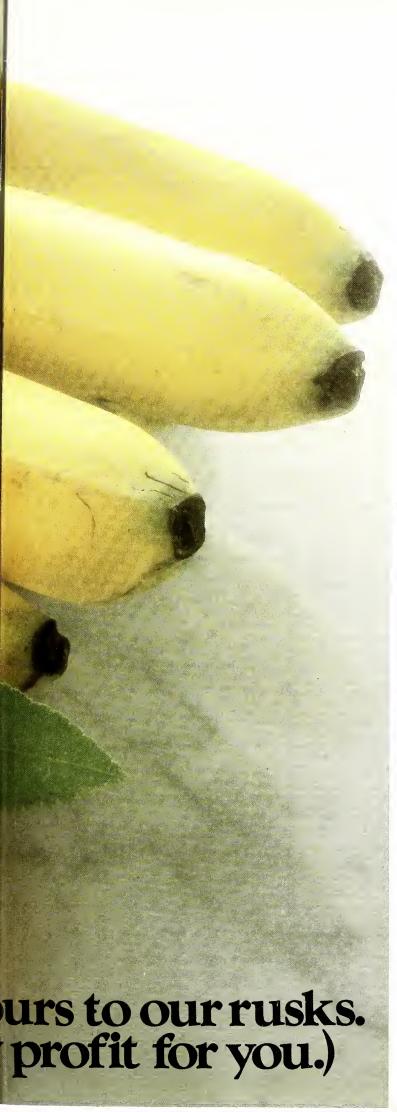


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Cow & Gate Liga rusks now com in three flavours. New Orange and Banana, as well as the original Origina

We're very pleased to report that is research mums were very pleased with them.

However, we weren't so pleased to learn that they can't always find Ligrusks.

(Liga are still the lowest sugar rusks and they're a good source of protein iron, vitamins and minerals.)

Your customers aren't the only one who are missing out. You are, too.

Mums start offering rusks at around four months, either dry or as a cereal.

What's more, they're keeping then around, instead of biscuits and cakes until children reach school age.



The lowest sugar rusk.

So you've really got a growing market.

(That's why our bright new packs show a baby and a toddler.)

We're launching an extensive ad vertising campaign aimed at mothers and health visitors. So make sure you stock all 3 flavours of Cow & Gate Liga rusks.

After all, it's for their health. And your wealth.

The Babyfeeding Special For more information write to Cow & Gate Ltd., Trowbridge, Wiltshire BA14 8Y

COUNTERPOINTS

Retail Business predicts gloom for cosmetics

There are few grounds for optimism in the cosmetics market especially for high street chemists who have suffered from the "aggressive" marketing policies of Boots and Avon, states a Retail Business report.

Production of cosmetics in the UK is

said to have run at a gradually declining level in real terms over the past few years, with a small recovery seen in 1982-83. Facial beauty care preparations, which account for just over one-third of total output, represent the only sector of production value to have kept pace with general price inflation, due to strong consumer demand.

The report estimates that the retail market for all cosmetics (excluding skin blemish and sun preparations) reached some £240m in 1983 but growth in the past few years has been minimal.

"Manufacturers have responded to the potential loss of sales revenue by seeking to maintain volume off-take by offering products which are economically priced yet of attractive quality," comments the report. Boots and Avon are seen as the main developers of this strategy. The report attributes the lack of growth partially to the fashion of using cosmetics sparingly to achieve the "natural" look.

Industry estimates show that in 1983 almost half the manufacturer's market was accounted for by the activities of Boots (19 per cent market share), Avon Cosmetics (17 per cent) and Max Factor (10 per cent). "Boots is the most notable manufacturer and the most significant distributor of the majority of product ranges in the UK", says the report. Next came Avon cosmetics, who achieved a UK turnover of £77m in 1982 and a pre-tax profit of £8m, while Max Factor's turnover in the same year totalled £19.2m on which a small profit was achieved.

In the retail distribution of cosmetics Boots are again the major single force. "Around one half of the group's retail share is accounted for by sales of its own branded goods, a proportion which is likely to rise still further as new segments of the market are tapped and as additional products are brought to market," says the

Direct retailing of cosmetics constitutes the second biggest distribution channel and, in particular, Avon. In third place, department stores account for one sixth of the total sales, although in recent years they have suffered from competition from Boots and Avon, "due to the tendency for higher priced prestige goods to be sold (or franchised) through groups such as John Lewis and Debenhams".

The main victim, says the report, is the high street chemist who is unable to compete on price or product range and this trend is expected to continue in the future

Turning to advertising and promotion the report notes that manufacturers spent some £21m in 1983 (double the 1980 figure) while the market grew by only onefifth over the same period. It stresses the importance of advertising and below-theline promotion of cosmetics.

The report forecasts that manufacturers will continue to respond to competitive pressures in a "stagnant" market by concentrating on the midground price/quality products, "with colour co-ordinates, a host of special offers and aggressive marketing generally". Cosmetics Market Overview, Retail Business October 1984, The Economist Intelligence Unit, Spencer House, 27 St James's Place, London.



COUNTERPOINTS

Future brighter say Key Note

The omens for both the toiletry and cosmetics industries are brighter than they have been for some time say Key Note in two research reports just published.

In 1983 consumers spent over £900m on toiletries — an increase of 52 per cent on the spend in 1979. Taking into account inflation however, the increase comes down to 6 per cent.

High interest rates and minimal wage increases are to blame for the lack of growth in the industries over the past five years, according to the report. As a result demand was "flat" until the end of 1982, with any increases being due to price rises.

A "minor" spending spree developed however with the lifting of government controls on hire purchase and the banks lowering interest rates in October 1982. Retail sales in the third quarter of 1982 were 3.3 per cent above their year-ago level in real terms and 5.1 per cent in the fourth quarter. This demand continued into the first quarter of 1984. The report forecasts that the mini-boom will continue through the rest of 1984 and to the end of next year.

At current prices the market grew steadily between 1979 and 1982 (around 10 per cent a year), but in 1983 the miniboom in consumer spending lifted the increase to almost 16 per cent. Taking price increases into account — 1983 saw an increase of 10.8 per cent.

Hair preparations dominate the toiletries market, with sales of £249m in 1983 accounting for 47 per cent of the total. Sales were 65 per cent above their 1979 level, but taking into account inflation the increase is only 13 per cent.

"Consumer demand for hair preparations is affected significantly by fashion trends," says the report. In the period 1979-83, demand for setting lotions declined — by the end of 1982 it was 34 per cent below the 1979 level — until the introduction of styling mousse in 1983. Then sales rose by 23 per cent (19 per cent in real terms) above the 1982 level.

The shampoo market was the biggest hair sector in 1983 accounting for almost 30 per cent of the total. At current prices sales were 62 per cent higher than the 1979 level; at constant prices that increase was 19 per cent.

Sales of toothpastes and denture products are, at £73m, the second largest category with a 14 per cent share, says the report.

In 1983 consumers spent around Chemist & Druggist 13 October 1984 £113m on toilet soap, representing a manufacturers' market of £65.5m and at 1979 prices an increase of 30 per cent. Demand for deodorants has also shown an increase. Talcs, however, have declined in popularity with the emergence of body spray lotions.

Sales of bath preparations in 1983 amounted to £15.6m at manufacturers' price — 10 per cent below 1979 level at current prices and showing a fall back of 41 per cent at constant prices.

Advertising expenditure for toiletry preparations in 1983 was £78m — 22 per cent higher than the 1982 spend.

The cosmetic industry is also currently enjoying a mini-boom, says the Key Note report on cosmetics. Retail sales in the third quarter of 1982 were 3.3 per cent above their year-ago level in real terms; the increase for the fourth quarter was 5.1 per cent. This buoyancy in demand continued throughout 1983 and into the first quarter of 1984.

The report finds brand loyalty varies – from the skin treatment area where it is quite high, to lipsticks and nail enamel where the search is for the right shade. Avon is said to be the cosmetics brand leader, followed by Boots, with Estee Lauder a close third.

Boots take the lion's share of sales of cosmetics through chemist outlets, with 70 per cent. "Chemists have suffered at the hands of the multiples, food stores and the relatively new category of retailers, such as Superdrug," says the report. Unable to compete on price, chemists are being forced to rely heavily upon NHS prescriptions.

It is forecast that pressures on independent chemists are bound to continue, especially at the cheaper end of the market from food stores, where own brands are beginning to proliferate.

The cosmetic market was worth £320m at manufacturers' prices in 1983—equivalent to about £552m passing over the counter. Between 1979 and 1983 prices had risen by 44 per cent so that in real terms, sales in 1983 were 11 per cent below their 1979 figure.

Of the main categories skin care preparations have shown the healthiest growth — 30 per cent at constant prices. The two skin care groups to show an increase are the cleansers/moisturisers/day and night cream group and an ill-defined group known as "other facial" preparations.

Fragrances, make-up items and men's products have grown at varying rates at current prices but the fall back in real terms (primarily due to de-stocking) is fairly uniform at just over 20 per cent. Key Note Publications Ltd, 28 Banner Street, London.



DUNTERPOINT

Frequent-use for Flex range

Frequent-use variants are to be introduced to Revlon's Flex shampoo and conditioner range.

The shampoo comes in sizes of 200ml (£1.15), 350ml (£1.69) and 500ml (£2.15)and the conditioner in 200ml (£1.25), 350ml (£1.79) and 500ml (£2.29).

"The frequent use shampoo is gentle but also cleanses effectively, while the conditioner can be used every day or more without leaving a greasy build-up," say Revlon.

The launch will be supported by a $media\mbox{-linked TV-am and women's Press}$ campaign in January 1985. There will be two sequential 20-second commercials featuring the products and an announcement of a £1 cash refund trial offer to appear in advertisements in Woman, Woman's Own, Woman's Realm and Women's Weekly in consecutive weeks during January.

Revlon say that frequent use variants are the fastest growing sector of the shampoo market accounting for 18 per cent of the total market, and hope that they will add to Flex's "considerable market strength". Revlon International Corporation, 86 Brook Street, London *W1Y2BA*.

Elgydium 'taste'

Evlure have introduced a sampling programme for Elgydium toothpaste through retailers. A "dumper" holding free samples is available for customers to help themselves. Eylure Ltd, Grange Industrial Estate, Llanfrechfa Way, Cwmbran, Gwent.



Greater Worth

Les Parfums Worth have made a number of additions to their Pour Homme range.

Worth Pour Homme baume after shave (125ml, £11) is quickly absorbed says the company, leaving the skin smooth.

Gift coffrets in the range have been extended to include after shave spray and eau de toilette travel flacon (£13.50), a coffret de luxe with eau de toilette (£15), after shave and travel soap (£15) and a "weekender" bag containing eau de toilette and after shave (£9.95). Worth Perfumes Ltd, Magnolia House, 160 Thames Road, London W4 3RG.

Two from Vichy

The latest addition to the Vichy range is Silken foundation available in two skin types and three shades.

Fluid moisturising cream for normal/combination skin and moisturising cream for dry and very dry skin comes in sable, miel and epice. Both products give "a satin-smooth, even complexion," say Vichy (UK) Ltd, Ashville Trading Estate, Nuffield Way, Abingdon, Oxon.

Seasonal fare from Taylors

Taylor of London have made a number of additions to their range in time for Christmas.

A toby jug (£19.50) of a woman selling flowers filled with pot pourri is available in four fragrances. Lily of the valley has been added to the pot pourri fragrance range.

A bath seed set (£6.95) containing six sachets (25g each) comes with a towelling bath mit. Guest soap (£1.75) is available in packs of three, "with the middle soap exposed to show its unusual shape and design", says the company. Toilet water is available in a 112ml Victorian-design bottle (£8.95). Taylor of London, The Dean, Alresford, Hants.

Tudor launch Lucchibel range

Tudor Trading have introduced Lucchibel Placenta cosmetics from Switzerland. The line comprises hair lotion (10x10ml vials, £17.75), active day cream (35g, £10.95), night care cream (35g, £10.95) and revitalizing and protective cream (35g, £10.95). Tudor Trading Company, PO Box 94, Edgware, Middlesex.

Gold offer

An on-pack jewellery set offer for £3.99 is currently featured on packs of Dr White's 10s and 20s and it will continue through to November. The gold plated jewellery comes in a pouch and, says the company, offers a saving of around £3.50 on normal retail prices. Lilia White Ltd, Alum Rock Road, Birmingham.



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How to use Migraleve

Two Pink Migraleve should be taken immediately an attack is suspected

If after four hours the migraine has developed or persisted, two Yellow Migraleve should be taken. The 'Yellow' dosage may be repeated at four-hourly intervals if necessary.



Slender Press campaign

Carnation are spending £350,000 on a Slender advertising campaign in the slimming and women's Press.

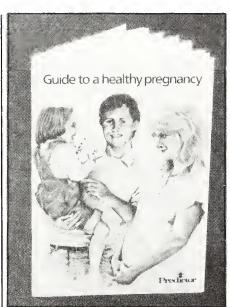
The low calorie range which includes Slender slim soup, slim choc and slim sweet is currently being advertised in the slimming Press: advertising will continue to September 1985. Advertisements in the women's Press will run from November to February 1985. Advertising for Slender and Slender bars will take place next year, say Carnation Ltd, Danesfield House, Medmenham, Marlow, Bucks SL7 2ES.

Shoot! fans

For the third year running Braun UK are sponsoring the "Football fan of the year" in conjunction with Shoot! magazine.

From 16 weekly winners, the football fan will be chosen by a panel of judges which include Trevor Brooking and Bryan Robson.

The final presentation will take place in April when the winner will receive £100 worth of Braun and Adidas products, a silver trophy and £200 cash to go towards the cost of a football season ticket. Distributed by Pharmagen Ltd, West Lane, Runcorn, Cheshire WA72PE.



Chefaro have produced an easy-to-read consumer booklet, the "Guide to a Healthy Pregnancy," for their Predictor pregnancy testing kit. The colour booklet deals with pre-conception care, eating before and during pregnancy, exercise, planning where to have the baby and maternity benefits. The booklet will be offered free to consumers via a point-of-sale leaflet. They will be asked to enclose a Predictor carton end with each request. The leaflets are available from representatives and will fit existing display cases. Chefaro Proprietaries Ltd, Science Park, Milton Road, Cambridge CB4 4BH

Extra towels with Tendasoft

Tendasoft Panty Pads feature a five-towels free offer on all packs of ten throughout October and November.

Latest figures released by Lilia-White for Tendasoft for the four months up to August show the brand's market share of the press-on towel market as standing at 16.8 per cent, say Lilia-White Ltd, Alum Rock Road, Birmingham B8 3DZ.

Colourful Philips

Philips' retractable hotbrush HP4425 and the Finesse HP4427 now come in new colours.

The HP4427 (£4.25) is being introduced in bright red and the HP4425 (£9) now comes in silver with a metallic barrel.

Philips say their share of the hotbrush market stands at 14 per cent. Philips Small Appliances, Drury Lane, Hastings,

Cracker deal from Fuji

Fují Fílm have announced details of a Christmas promotion featuring a "cracker" pack that holds two rolls of Fuiicolor film. The pack is available with 24-exposure

135 HR 100 films (£4.56) or two 24-hour exposure HR 100 films (£4.12).

Merchandising outers containing 20 packs



are available for shelf or counter use. The display has a Christmas design and features the theme: "Fují Film — you couldn't picture Christmas without it."

"The Fuji Christmas cracker makes an ideal stocking filler; especially since everyone contains an extra suprise gift as a bonus, free of charge," say Fujimex.

Advertising for the twin-pack will appear during the pre-Christmas selling period in selected national papers. Fujimex Ltd, Division of Hanimex (UK) Ltd, Dorcan, Swindon, Wilts.

Willow Bark + Primula Root = BIO-STRATH WILLOW FORMULA



BIO-STRATH WILLOW FORMULA

The value of using a combination of Willow Bark and Primula Root in the treatment of muscular pain has received considerable media coverage recently.

BIO-STRATH WILLOW FORMULA is a wholly natural herbal product containing Candida yeast cultures and medicinal plant extracts-WILLOW BARK and PRIMULA ROOT. Thousands are now taking it for the symptomatic relief of muscular pain.

BIO-STRATH WILLOW FORMULA has been developed by the makers of Bio-Strath, the famous Swiss Elixir. Extensive research on Bio-Strath Herbal Remedies has involved more than a thousand patients and sixty doctors.

R.R.P. £5.50 (works out at only 25p a day) 30% RETAIL PROFIT MARGIN SUPPLIÉS ARE AVAILABLE THROUGH WHOLESALERS or, in case of difficulty, contact Vessen direct.



Vessen Ltd:, Hazel Grove, Cheshire SK7 4RF. (Sole U.K. importers)

You can count on Complan always ing the brand leader in the complete quid meal market.

Especially now, as we're introducing e first ever savoury product.

Savoury Complan, chicken flavour.

A nutritionally balanced drink which as a unique and delicious taste.

So delicious, in fact, that it was an overwhelming success in test market, among both new and existing customers.

And with support from our huge winter advertising campaign, you will find new Savoury Complan anything but chickenfeed.





Polin Barran

Lady Jayne means the very latest in hair fashion styles. New, exciting products launched regularly. All packaged in eye-catching pastel colours, that harmonise perfectly, to create in-store excitement.



A selection from the vast, ever-changing range of Lady Jayne Hair Fashion Accessories. The signature on the Brand Leader is



Laughton & Sons Limited, Warstock Road, Birmingham 021-474 5201

COUNTERPOINTS

Shulton back two ranges on Christmas TV

Shulton are supporting Pierre Cardin and Grey Flannel fragrances this Christmas with television advertising.

For Grey Flannel it will be the first time on television in the UK. A 10- and 30-second commercial will be shown in the Thames area through December. The region covers 50 per cent of Grey Flannel consumers, says the company.

A 10- and 30-second Pierre Cardin advertisement with a £250,000 spend will be shown in December on *Thames*, *Granada*, *Central Scotland* and *Grampian*.

Shulton have special offers on four designer fragrances.

The after shave vaporiser (40ml) in the Pierre Cardin Pour Monsieur range is offered at £4.95 and comes with a merchandiser holding 12 units. A 12-unit selfasta is also available for Choc de Cardin eau de parfum vaporiser (30ml), on offer at £4.95.

The House of Carven are offering Ma Griffe parfum de toilette spray (25g) for £4.95 in merchandisers featuring the Ma Griffe green and white colours and containing 24 units.

Grey Flannel, by Geoffrey Beene, features an introductory offer of a 30ml after shave for £3.95, merchandised in selfastas of 18. This offer is limited to existing Grey Flannel stockists. Shulton (Great Britain) Ltd, Shulton House, Alexandra Court, Wokingham, Berks.

Hermesetas 'golden' prizes

Ten "golden prizes" with a value of £100 each are offered in a Hermesetas gold window display competition for independent chemist retailers..

Full-colour A3 display cards have been designed to form the centre-piece of the window display, which must also include packs of Hermesetas gold. A photograph of the display must be sent to Hermesetas gold window display competition, Boswell House, 37/38 Long Acre, Covent Garden, London.

The ten window displays judged to make the most "original and eye-catching display" will each win a "golden prize". The competition ends January 7, 1985. Crookes Products Ltd, PO Box 94, 1 Thane Road West, Nottingham NG2 3AA.



Alyssa Ashley have joined forces with Philips for a pre-Christmas offer. With every purchase of musk oil (7.5ml) and spray mist (45g) for £9.80, a Ladyshave 16, worth £7.95, is offered free. All three are packaged together with a removable price label to encourage Christmas gift buying. The set includes an instruction leaflet and a Philips one-year guarantee. Alyssa Ashley Division of Houbigant Ltd, Balcombe Road, Horley, Surrey RH6 7HF

Cash in with Anadin display

International Chemical Company are awarding six prizes of £500 each to the winners of a pharmacy-only competition.

To qualify for entry into a free draw the retailer has to have on display throughout October and November the new Anadin merchandiser which houses Anadin, Anadin Extra, soluble Anadin, and maximum strength Anadin capsules. The company's local representative will take a photograph of the display. The prizes will go to pharmacists displaying the unit who are called upon by a "mystery shopper" in November. International Chemical Co Ltd, 11 Chenies Street, London.

Stratton boost

Stratton are featuring the Lauren suite of handbag accessories in a £38,000 pre-Christmas advertising campaign.

Full-page colour advertisements will appear in Vogue, Harpers & Queen, Good Housekeeping, Cosmopolitan and Homes & Gardens.

A showcard featuring the Lauren advertisement is available to support the campaign. Laughton & Sons Ltd, Warstock Road, Birmingham B14 4RT.

Eye-catching

Eylure have a new merchandising unit for Klorane eye make-up remover.

The display unit holds 24 lotion bottles and 12 pads. With discount, the opening parcel costs under £40, gives a 40 per cent profit and is available until Christmas, say Eylure Ltd, Grange Industrial Estate, Llanfrechfa Way, Cwmbran, Gwent.

Chemist & Druggist 13 October 1984

Clinical Trial Results on Benylin

Benylin Expectorant re-affirmed as No.1 in Pharmacy for Chesty Coughs



- Highly significant relief after a single dose.
- Consistently better in reducing cough frequency and severity.
- Preferred for taste and general palatability.

A recent trial on expectorant cough treatments proved the superiority of Benylin Expectorant over a triprolidine formulation which is also used in the treatment of coughs.

Benylin Expectorant was shown to be significantly better in giving symptomatic relief, even after a single dose, and scored significantly better for patient preference on smell, taste and general palatability.

Proof of the superiority of Benylin Expectorant, your No.1 cought reatment. Prescribed by doctors, recommended by pharmacists.

Benylin, No.1

WARNER LAMBERT

the name people feel better with Mitchell House, Southampton Road, Eastleigh, Hants SO5 5RY

COUNTERPOINTS

Boots launch System 1 range

A top-to-toe range of beauty products called System 1 went on display in Boots this week. The range links across four product areas: hair care, skin care, body care and colour cosmetics.

The haircare range comprises two shampoo variants, a frequent-use shampoo, conditioner, thickener and oil treatment and range in price from £0.55—£1.35. Six skin care products include cleansing lotion (200ml, £1.95) and moisturising lotion (200ml, £1.95). The body care range comprises 13 items including foot cream (50ml, £1.15) and Instant Action hair remover (220g, £3.25). The colour care range includes "fragrance free, natural looking cosmetics", says the company. Products include natural face tint (£1.80); lip gloss (£1.55) and waterproof mascara (£1.90).

Boots say the range is designed "to appeal to, and meet the requirements of the health-concious active woman of the '80s who believes that fitness and health go with natural good looks". Packaging is white with pastels and design motif.

Boots say that System 1 will not replace the No7 or 17 cosmetic ranges but will remain "totally independent". Generally speaking, System 1 comes in between the two in terms of price.

Advertising in the October and November issues of the women's Press will support the range.





Frederick Cram, MPS, (left), proprietor of a pharmacy in Heacham, Kings Lynn, Norfolk, for 24 years, receives a retirement gift of cut-glass wine goblets from Unichem's Walthamstow branch manager David Goulding. The new owners of the pharmacy are Allen & Neale Ltd

January support for Harpic Duo

Reckitt Products are supporting the newly launched Harpic Bleachmatic Duo (£0.79) with a £1.7m television advertising spend to break January 1985.

An in-cistern product, Harpic Bleachmatic Duo incorporates bleach and blue detergent systems. "An advanced development of Harpic Bleachmatic, it guarantees a measured dose of bleach and detergent over a period of six weeks and an estimated 550 flushes," says the company.

All launch stock carries an on-pack half-price refund offer. Reckitt Products, Reckitt House, Stoneferry Road, Hull.

A right answer...

Pharmacy counter assistants have the chance to win a free weekend for two at a hotel of their choice in a competition organised by Nicholas Laboratories.

Competitors are asked to complete the following sentence in not more than 20 words: "Feminax is the right answer for counter prescribing for period pains because..." The 20 winners will receive Bonusbreak vouchers for two, plus money to cover meals and expenses. The weekends can be spent at any of the 104 country-style hotels in Britain.

Competition forms must be returned before November 30 and are available from Nicholas representatives or Dept FC, Nicholas Laboratories Ltd, 225 Bath Road, Slough.

Sunpure addition

Numark have launched Sunpure blackcurrant health drink (£0.89). The drink will be on promotion at £0.85 during October and November. Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wiltshire BA12 9IU.

Christy push Selenium

Thomas Christy are attempting to encourage greater distribution and sales of Selenium-Ace through chemists by advertising in the women's Press and health food outlet-orientated magazines.

Colour advertisements run in Choice, The Townswoman, Here's Health. Woman's Weekly, The Health Express and Arthritis News. The campaign continues through to next year. New POS material is available. Thomas Christy Ltd, North Lane, Aldershot, Hants.

Almay spend £½m

The recently launched range of Almay foundations is to be supported by a £½ million advertising spend in the October and November issues of the women's Press

Entitled "A sensitive woman's guide to foundation," the advertisement is designed to visually link the range with the Autumn "City Pretty" cosmetic colours. It features the new hypo-allergenic foundations — fresh look make-up for lighter coverage, liquid make-up for semimatt coverage and complete cover matt foundation. Almay (London, New York), 225 Bath Road, Slough, Berks SL1 4AU.

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For further information, contact your local Numark Wholesaler or Numark Central Office, 51 Boreham Road, Warminster, Wilts BA12 9JU.

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Renal disease: aspects of kidney function

This series of clinical pharmacy articles covers renal disease and disorders of fluid and electrolyte balance. It starts with a review of clinically important aspects of renal physiology, then looks at renal control mechanisms and some of the metabolic imbalances which occur when this control is impaired. A discussion of major renal diseases including renal failure will follow. Later articles will discuss diuretic therapy, dialysis and transplantation, and urine testing. In this first part the authors* give a simplified and necessarily selective review of those renal functions which have a clinical relevance, to provide a basis for understanding how defects arise and what their consequences are.

Renal disease, or rather its ultimate consequences, has recently featured prominently in both lay and medical Press. This reflects the public concern over "brain death" aroused by recent television programmes.

Chronic renal failure is a potentially fatal condition. It may condemn a patient to years of inconvenient, albeit life-saving dialysis; with a renal transplant, however, the patient can lead an almost normal life. Improvements in dialysis techniques have for some time been generating ethical and social problems regarding the allocation of resources and selection of patients, though this debate has not been publicly aired. Transplantation, while solving most of these problems, has shifted the emphasis to the 'selection" of donors. Even when this has been satisfactorily settled we will still be faced with the grim irony that many transplant donors achieve that status as a result of yet another social tragedy, traffic

accidents. Thus renal disease focuses attention upon several important ethical dilemmas of modern health care.

pharmacist's community involvement in all this is not great. Nevertheless it is important for pharmacists to be aware of the theoretical concepts behind all aspects of community health. Furthermore, drug treatment is usually still necessary for those on dialysis, and it is an important aspect of the treatment of both serious renal disease and less serious conditions such as urinary tract infections.

Because the kidney is, like the heart, fundamental to so many body functions, renal disease often produces obscure or secondary symptoms. In addition, the inherent complexity of renal mechanisms has hindered the understanding of renal function, so that much basic knowledge of renal physiology is incomplete or even conjectural. For these reasons medical care, rather than pharmaceutical counselling, is essential from the start.

The kidneys are not mere disposal units for waste matter: they are crucial to a wide range of regulatory (homeostatic) mechanisms. The efficient functioning of higher animals depends upon the maintenance of constant internal conditions, such as pH, osmolarity, etc, to facilitate the most effective operation of their enzyme systems. Indeed, the ability to do this may account in large part for their success in evolutionary terms. The kidney plays a crucial role in this maintenance, by virtue of the numerous crucial feedback mechanisms in which it is involved

Perhaps for this reason nature has endowed the kidney with a high reserve capacity. Like many other organs (but notably not the heart) the kidney is composed of many structurally and functionally independent sub-units; in the kidney they are called nephrons. Healthy human adults could manage adequately on about one quarter of their normal number of nephrons, ie about half of one kidney. Indeed in ageing we lose up to 50 per cent of our nephrons with no apparent ill effect.

There is a wide margin of safety in another respect also, for we can survive with much higher blood levels of some waste products (eg urea) than are normal. Alas it is for these reasons that *chronic* renal disease is detected so late: usually by the time symptoms appear much renal tissue has been irreparably damaged. Reversal of the condition is usually impossible and decline inevitable. However, patients with acute disease often have a much better outlook, since acute damage may be reversible.

Serious kidney disease affects about 1 in continued on p680

*By Mr R.J. Greene and Dr N.D. Harris, department of pharmacy, Chelsea College, University of London.

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CLINICAL PHARMACY

continued from p679

10,000 of the population each year in the UK, and there are at present 5,000 patients on some form of dialysis. There are also about 100 transplants per month, with at least 2,000 persons waiting for transplants at any time. It is fortunate that these are much lower figures than, for example, those for heart or lung disease, because most renal conditions are still of obscure origin and no preventive measures have been identified which might reduce their occurrence. The common causes are chronic infection of the kidnev (pyelonephritis), chronic inflammation of the glomerular part of the nephron (glomerulonephritis) or congenital defects (eg polycystic kidney, etc). For none of these are means of avoidance known.

Functions of the kidney

The formidable range of metabolic systems in which the kidney is involved is shown in Table 1. Elimination and fluid/electrolyte control are achieved through three main processes, filtration, re-absorption and secretion. The endocrine functions are more generalised, resembling other such processes in the body.

Elimination: The waste products of metabolic processes must be eliminated to prevent their accumulation. At its simplest level, energy metabolism can be represented as the oxidation of carbohydrates to carbon dioxide and water. Most carbon dioxide is eliminated by the lungs, but some is excreted as acid by the kidney; most water is also renally eliminated. The endpoint of protein breakdown is urea (and small amounts of sulphates and phosphates); muscles produce waste creatinine, and nucleoprotein (RNA, DNA) breakdown yields uric acid. All these nitrogenous wastes are potentially toxic, although urea itself is much less toxic than is generally realised.

Fluid and electrolyte balances: In addition to the simplest elimination of excess water, the kidney regulates the total body water and its partition between the intravascular (blood, lymph), extravascular (tissue fluid) and intracellular compartments. This is achieved by altering the excretion of water in response to variations in dietary intake and losses due to sweating and respiration.

The concentration of sodium and its associated anions in blood plasma and in tissue fluid (which is in equilibrium with plasma by free diffusion) is the main determinant of the osmotic pressure of these compartments. Intracellular fluid is kept at approximately the same osmotic pressure, by means not entirely understood. The kidney has considerable control over the excretion of sodium, and therefore of the amount available to the body fluids.

By combining control of total body water with control of sodium excretion, the

Table 1: The functions of the kidney		
Elimination of metabolic waste	carbohydrate derived	— water — acid
	nitrogenous waste	— urea — creatinine — uric acid
	other	$-SO_4$, PO_4 , etc
Fluid/electrolyte balances	 total body water (fluid volumes) plasma osmotic pressure pH (H⁺, HCO₃⁻) K Ca, Mg, etc 	
Endocrine function	blood pressure regulvitamin D metabolisrred blood cell produ	n

volumes and osmotic pressures in the various fluid compartments are maintained. The kidney also maintains blood *potassium* levels by varying the amount re-absorbed or secreted. Another important related function is control of the *acid/base* balance by the re-absorption of bicarbonate and secretion of relatively small but crucial amounts of acid.

The kidney does not produce all these effects autonomously. Usually it responds to hormonal signals such as antidiuretic hormone and aldosterone, initiated by receptors throughout the body and often mediated by the brain. However, pH control does seem to be renally monitored and mediated, and changes in blood pressure (BP) will affect renal fluid output directly to produce a degree of automatic stabilisation of BP. This is in addition to the endocrine mechanism described below.

Endocrine function: The best known renal endocrine involvement is the reninangiotensin system for the control of BP. Renal renin secretion varies according to the pressure in the renal artery (or rather, with the effects of that pressure on glomerular filtration): this is usually a good index of systemic blood pressure. This relationship was discussed in the hypertension article (C&D, July 18, 1981). Reduced BP brings about an increased secretion of renin, which initiates the conversion of the inactive blood precursor angiotensinogen to angiotensin. This has at least two functions. It quickly and intensely constricts arterioles, thereby rapidly elevating BP; and more protractedly, causes the adrenal cortex to secrete aldosterone which then reacts on the kidney to reduce sodium and water excretion, ie to produce fluid retention. Both these mechanisms work to restore BP. There also seems to exist a complementary renal prostaglandin/kinin system with a vasodilator and hypotensive action, but this is poorly understood.

Perhaps less familiar are the roles of the kidney in calcium metabolism and erythrocyte production. The final stage in the conversion of metabolically inactive vitamin D (cholecalciferol, the form produced by irradiation of the skin) to give the active metabolite (1,25-dihydroxycholecalciferol) is achieved in the kidney.

The production of red cells in the bone marrow from their precursors is enhanced by, but is not entirely dependent upon, the hormone erythropoeitin. Renal production of this hormone increases if the blood oxygen level falls.

Loss of these endocrine functions in patients with chronic renal disease thus causes them to suffer from anaemia, bone disease and hypertension, in addition to the obvious problems of fluid and electrolyte imbalance and the accumulation of waste products.

Renal excretory mechanisms All renal functions, apart from the endocrine

ones, can be carried out independently by each nephron, of which each kidney has about a million. A nephron has several sections, each with a distinct function, and extends from the outer (cortical) part of the kidney to the middle (medulla); see Fig 1. Filtration: The renal blood flow is about 1,200 ml per minute, which is 20 per cent of the cardiac output, a large flow relative to the mass of kidneys. The glomeruli filter about one tenth of this, sending 120ml per minute of glomerular filtrate to the proximal tubules. The filter medium between the blood and tubular fluid is called the glomerular basement membrane (GBM) and amounts to a total area of about 1 sq m per kidney.

The filtrate is, like tissue fluid, an ultrafiltrate of blood, lacking cellular and protein components. Thus it contains, as well as unwanted substances, essential water, ions, and nutrients. These must be conserved, and are subsequently reabsorbed from the tubules.

It may seem rather perverse to filter 180 litres a day, only to reabsorb 99 per cent of this and leave a mere 1.5 litres of urine. It has been speculated that in evolutionary terms the kidney developed during our ancestral marine stage of life. It would then have been unnecessary to conserve either water or sodium, so that re-absorption would have been much reduced and the process would have been more efficient.

Since filtration is a glomerular process, factors which affect the ability of the

continued on p682

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CLINICAL PHARMACY

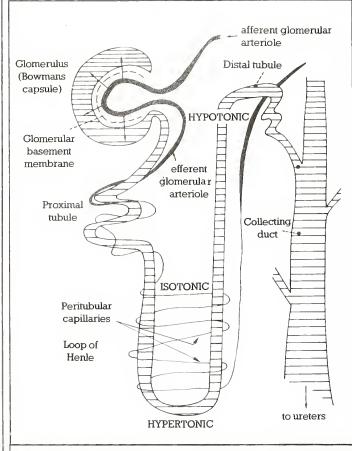


Fig 1: A typical nephron

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alomeruli to function will affect the total volume of filtrate and to a lesser extent its composition. Many factors affect filtration, but undoubtedly the most important is BP, upon which the process depends for its driving force. Hypotensive states (eg in heart failure or shock) immediately compromise glomerular filtration and cause a fall in urine production. Other disease states may affect the GBM itself, eg glomerulonephritis.

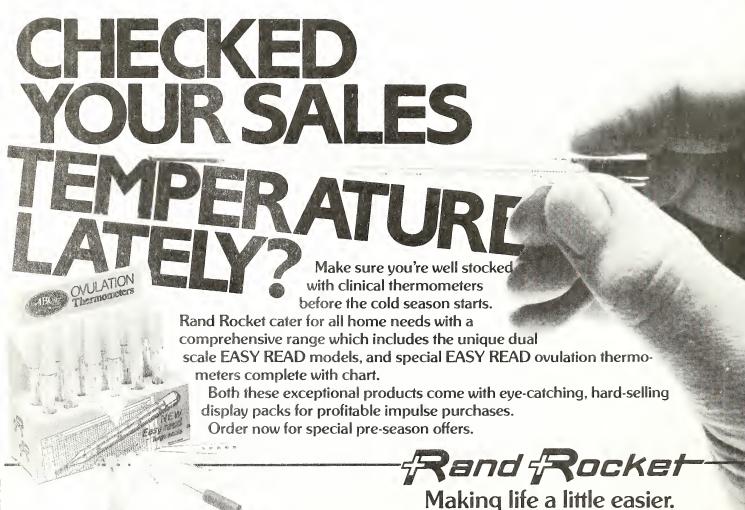
Re-absorption and secretion: The recovery of most of the filtrate occurs in

the tubules (see Fig 2). This is in part selective, depending upon the body's current needs, but clearly this tubular function is dependent upon an adequate supply of filtrate from the glomeruli. In the proximal tubules about 75 per cent of all reabsorption takes place. Water, sodium, other electrolytes (especially bicarbonate and potassium) and most nutrients (eg amino acids and glucose) are transferred back to the circulation via the capillaries of the same vessel which supplied the glomerulus.

The process is mainly active, ie energy dependent, but water and some ions passively follow the active re-absorption of sodium. Nevertheless not much control is exerted at this stage: it is a gross correction consequent upon the profligacy of filtration. However, many toxins and some uric acid are further eliminated at this stage by active secretion from the peritubular capillaries into the tubules. This process enables molecules which have "escaped" filtration to be eliminated, thus increasing the efficiency of their clearance.

In the loop of Henle there is some sodium and water re-absorption but its main purpose is to set up a concentration, ie osmotic, gradient to allow subsequent

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adjustment of urine to a greater ionic concentration than that of plasma. This is achieved by a counter-current multiplier system, the details of which are outside the scope of this article, but can be found in a physiology text book if required.

For our purposes it is sufficient to note that in the area around the bend of the loop of Henle (in the renal medullary region) an osmolar concentration of up to four times that of plasma can be attained. This permits the eventual production of a concentrated (hypertonic) urine, with maximal conservation of fluid and elimination of (osmotically active) waste, if so required. The potent diuretics such as frusemide act on the loop of Henle to alter its effectiveness in creating this gradient. As a result, the urine cannot be as concentrated and more sodium and fluid are lost.

However, by the time the tubular fluid reaches the top of the ascending loop, it is once again isotonic. As we have said, the main function of the loop is to render the medulla hypertonic, not to concentrate the urine directly. The distal tubules are impermeable to the passive diffusion of water, and the osmolarity here actually falls to one third of that of blood as sodium is still

pumped out (ie reabsorbed) but water cannot follow. This permits the formation of a dilute (hypotonic) urine if it is necessary to eliminate a lot of water. The concentration of urine eventually produced depends upon the state of hydration of the whole body and on the mechanisms monitoring it.

At the distal tubule various other control mechanisms operate; this represents the fine tuning, in contrast to the unselective bulk transport in the proximal tubule. The main controls in the region are: (i) further sodium re-absorption, accompanied

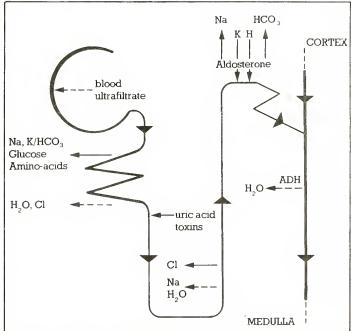


Fig 2: Diagram showing the main sites of filtration, reabsorption and secretion in the nephron (Active, ---- passive)

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by water, under the influence of aldosterone; (ii) the secretion of potassium, also under the control of aldosterone and also in exchange for sodium; and (iii) the secretion of excess acid in exchange for more sodium reabsorption, which is linked with bicarbonate re-absorption (or strictly speaking, regeneration). Thiazides and potassium-conserving diuretics act on the distal tubule.

We should also note that acid and potassium appear to utilise the same transport mechanisms for their secretion, so that sometimes the need to increase the secretion of one can compromise handling of the other. We shall see the consequences of this below.

The collecting ducts are the only structures common to several nephrons. They eventually join up to drain into the ureters. However, they are not simply passive conduits: they have an important function in actively controlling overall water balance, taking advantage of the osmotic gradient set up the loop of Henle. These ducts pass from the hypotonic renal cortex through areas of increasing osmolarity to the intensively hypertonic medullary area around the tips of the loops.

Depending upon the permeability of the ducts to water, which is controlled by anti-diuretic hormone (ADH), the concentration of the urine finally produced can vary enormously. For example, under conditions of water lack, the pituitary secretes ADH, which increases the duct's permeability. As tubular fluid passes through the ducts in the

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continued from p683

medullary region, the greater osmotic pressure here causes water to move out into the interstitial fluid. Thus it is not excreted, but eventually recovered via the peritubular capillaries.

Consequences of exchange and ionic balances

These various exchanges and ionic balances in the tubules have a number of important consequences, for they affect the manifestation and treatment of fluid and electrolyte imbalances. Firstly, because acid and potassium compete for the same transport mechanism, variations in acid secretion may produce contrary variations in potassium secretion. For example, in alkalosis the kidney will attempt to use this mechanism predominantly to retain acid, at the same time excreting bicarbonate. This results in a reduced capacity for potassium reabsorption, and may lead to potassium loss. Thus potassium tends to move with bicarbonate, and may be effectively regarded as alkali so far as pH balance is concerned. On the other hand, in hypokalaemic states, where the kidney's response is to retain as much potassium as possible, acid cannot be retained, nor bicarbonate excreted; this produces the alkalosis often associated by hypokalaemia.

Secondly, the anions which accompany the excretion or re-absorption of any cations (Na, K, etc) are mainly either chloride or bicarbonate. Thus changes in bicarbonate re-absorptions are accompanied by opposite changes in chloride re-absorption; that is to say, if the need is to retain bicarbonate (eg in acidosis), there will be an increased loss of chloride. This casts chloride in the role of acid.

One result is that excess chloride administration, (eg as a 0.9 per cent NaCl solution, so called "normal saline") will promote a hyperchloraemic acidosis. Normal saline is not normal at all, because it contains 150mmol/l of chloride whereas plasma contains about 100. Conversely, 0.9 per cent NaCl can be used to treat alkalosis. What happens is that as chloride levels rise, bicarbonate levels fall. Since blood pH is related directly to bicarbonate levels but not to chloride, when chloride displaces bicarbonate this has the effect of causing acidosis, and vice versa.

The next article will look in more detail at the methods by which the kidney exercises control of fluid and electrolyte balances, and the causes and treatment of various common imbalances.

Society examines pharmacy involvement in home care

The Pharmaceutical Society is to set up a working party to consider ways in which community pharmacists could be involved in home care systems such as total parenteral nutrition and continuous ambulatory peritoneal dialysis.

The community pharmacy subcommittee noted that there was a developing market for a range of home care systems in the areas of diabetes, dialysis, monitoring devices, nutrition, oncology, ostomy, oxygen and pain control. In some instances community pharmacists had a nominal involvement on healt of specialist suppliers

behalf of specialist suppliers.

The subcommittee felt that, while the whole range of products associated with home care systems should be examined, initial consideration should be given to CAPD and TPN because of the problems involved with handling these systems. Council agreed that a working party should be set up, consisting of the subcommittee chairman Mr John Balmford, Mr C.R. Hitchings and Mr A.J. Smith, to establish the possible involvement of community pharmacists. General labelling. The Society has turned down a suggestion from the NPA that the generic title of a dispensed medicine should follow the proprietary name on the label. The Society doubts the practicality of the suggestion in the light of current labelling demands and the sizes of labels available.

"Drugs and driving" warning. The Society is to write to the Automobile Association to say that it cannot support a suggestion that pharmacists should put a general "drugs and driving" warning on dispensed medicines unless otherwise instructed by the prescriber. The AA will also be informed that the Society cannot support a World Health Organisation proposal that a red warning triangle should be included on the label of dispensed medicines when the product would affect the user's driving ability.

The Society's view is that the report of its working party on information to patients has satisfactorily dealt with the subject. The Society will draw the AA's attention to the pharmacist's responsibility for giving appropriate advice with medicines.

Power cut plans. Because of possible disruption of electricity supplies resulting from the continuing strike by coal workers, the Council is to ask the National

Pharmaceutical Association to inquire into the availability of alternative means of lighting for pharmacies and to publicise the information to the profession. Flu vaccine complaint. Following a complaint from the Society, the Association of the British Pharmaceutical Industry's code of practice committee has ruled that a manufacturer of influenza vaccine, Servier Laboratories Ltd, breached the code by offering to set up an age/sex register in a medical practice. The code allowed companies to offer promotional aids that were low in cost and relevant to the practice of medicine. The code of practice committee accepted that the equipment offered was relevant to medical practice, but held that it could not be considered inexpensive, and ruled that there had therefore been a breach of the code. The company had been advised of the decision and had given an assurance

Pharmacy in private practice. The Society is to ask the Department of Health for an early reply to previous requests for discussions on the provision of pharmaceutical services in private medical practice. The community pharmacy subcommittee noted that the development of private medicine could present a serious problem for the pharmaceutical profession. Section 55 of the Medicines Act allows medical practitioners in private practice to undertake their own dispensing or employ unqualified staff. Alternatively, pharmacists could be employed to dispense under the authority of the medical practitioner.

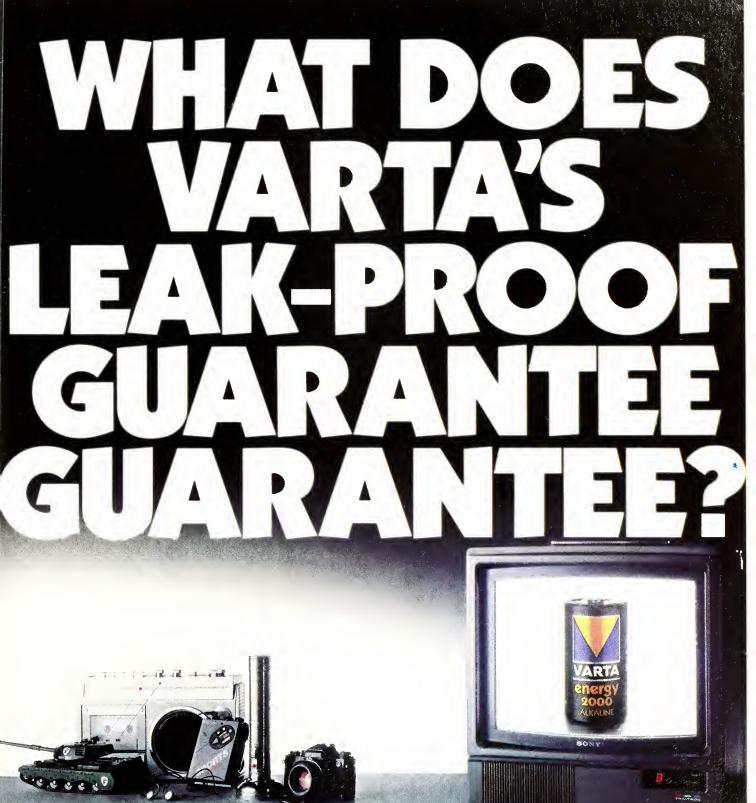
that steps would be taken to avoid a similar

breach.

The subcommittee noted that the Society's law department had already asked the Department for discussions on Section 55 and had received no response. Meetings with BMA. The joint liaison committee of the Society and the British Medical Association is to be reconvened, at the BMA's request to discuss matters of current mutual interest.

Lice advice. The Society is to send a letter supporting continuation of the information and advisory service provided by the Medical Entomology Centre, based at the University of Cambridge department of applied biology. Pharmacists form a considerable proportion of those who attend the centre's courses or seek advice

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continued from p684

from it. The Department of Health has refused to fund the information service on the grounds that the duty for controlling lice and scabies has devolved onto the regional health authorities, but so far only two RHAs have pledged their support. Disclosure of ingredients. The Society is to continue pressing for the disclosure of all ingredients of medicines, including colouring materials, preservatives, antioxidants, etc, because of the reactions that can be caused by such additives. The Science Committee believed that the public had a right to know the ingredients of medicines, and it was noted that a full statement of ingredients was required in certain European countries. Council agreed the Society's views should be made clear to the ABPI and the Proprietary Association of Great Britain. BP (Vet). A new British Pharmacopoeia (Veterinary) will be published in 1985. Student-staff ratios. The Society is to seek discussions with the Department of Education and Science on the principles that should determine student-staff ratios in schools of pharmacy.

The Society had written to the University Grants Committee and the National Advisory Body for Local Authority Higher Education saying that schools of pharmacy should have a more favourable staff/student ratio than is normally given in science departments generally. Both bodies replied that the decisions on student/staff ratios were made within the institutions concerned. The Society's Education Committee considered this to be unsatisfactory, because the institutions were informed of the ratios on which resources were decided and, not unnaturally, applied those ratios within the institution.

Council agreed that the DES should be informed of the correspondence and asked for discussions. It was further agreed that the matter should also be referred to the Standing Pharmaceutical Advisory Committee.

Volunteers in drug trials. The Society is to suggest to the British Pharmaceutical Students Association a number of points for inclusion in the BPSA guidance to pharmacy students on participation as healthy volunteers in drug investigations.

The proposed advice emphasises that

students should obtain the best possible information before participating in a study. They should seek the advice of the head of the pharmacy department, who should be notified of the investigation by the trial's organisers. The organisers should be requested to provide the student with an outline of the research project (and where appropriate, a copy of the protocol), with evidence of approval of the research protocol by an ethical committee. This should include details of possible hazards and the precautions to be taken, together with details of any procedures that may cause discomfort or distress.

For research sponsored by the industry, there should be a contract undertaking that the volunteer will be indemnified for injury arising from the study, without regard to legal liability. For research carried out in academic departments, students should ascertain the degree of no fault indemnity available. The Society also advises that students should not participate in trials in which the fee appears to be unreasonably high, ie, high enough to induce subjects to take risks primarily for reward. Acceptance of payment should not impair the legal and





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PSGB COUNCIL

ethical rights of the subject. Expenses and fees are not normally paid in the case of investigations within schools of pharmacy.

The Education Committee noted that a working party of the Medicines Commission was considering the participation of volunteers in drug trials, and it was agreed to re-examine the subject after that working party had reported.

Research grants. The Society's maintenance grants for research students are to be increased for 1984-85 from £2,995 to £3,170 for study inside London and from £2,430 to £2,585 for study elsewhere. Increases in the Society's other allowances will be based on changes to be made in the allowances of the Science and Engineering Research Council.

Visits to schools. The Council for National Academic Awards has agreed to a change in CNAA pharmacy board visits to schools of pharmacy. The Society had proposed that at least one Council member from the Society's nominees should be included in each visiting party. The CNAA has also accepted a suggestion that more than two Council members could be included

within the five Society nominees to the pharmacy board, on the understanding that the three major aspects of pharmacy practice would still be represented. List of "qualified persons." The Society is to make available, at an appropriate charge, its list of members considered eligible to be "qualified persons" in the pharmaceutical industry under the transitional conditions of the Medicines Act. Members will be given the opportunity to have their names removed from the list before it is published, without it affecting their status on the original list retained by the DHSS and the Society. Industrial pharmacists. The number of elected industrial pharmacists on the Industrial Pharmacists Group Committee is to be increased from five to seven and the number of Council members reduced from five to four. Two industrial pharmacists are to be co-opted on to the Committee until the next election.

Committee until the next election.

Closure of analysis course. The Society is to write to the University of Strathclyde expressing concern over the threatened closure of its MSc course in pharmaceutical analysis.

NPA to market new logo with GEC Claudgen?

The Pharmaceutical Society's
Council has agreed that GEC
Claudgen should be approached
with a view to marketing the new
pharmacy signs in association with
the National Pharmaceutical
Association.

The Council also agreed to allow the new symbol to be used in connection with the NPA national advertising campaign, and that Commonwealth Pharmaceutical Association countries should be encouraged to use the logo without payment of any royalties.

The Pharmaceutical Society's logo was designed by a team led by Terry Moore of Allied International Designers. Mr Stuart Rose acted independently as a design adviser to the Society on the project and not as stated in C&D, September 1, p332.

T'S BACK IN TINS TO MAKE YOU A PACKET

There's nothing quite like the traditional highly distinctive Valda tins. That's why they're coming back onto the shelves to make Europe's best selling pastille even more popular than ever.

A MESSAGE WITH A PUNCH

We'll be pushing the new repackaged Valda pastilles with a series of ads in "Punch" and posters at railway and tube stations. They're original, eye-catching and they effectively project Valda's image as the alternative throat pastilles.

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Unichem's competitors in bondage?

The despondency of our competitors continues unabated, as witnessed by the latest letter from Mr. David Wright, managing director of Macarthys (C&D October 6).

Our members, new and old, can work out approximately how much their bonuses will amount to. The Unibond bonus will in many cases be substantial — an unnerving factor no doubt affecting Mr Wright's unwillingness to accept the challenge laid down by Mr Peel.

The shareholder members of Unibond will not reject the scheme at the necessary annual meeting — after all it represents additional distribution of profits on top of our normal terms. Terms which we consider to be substantially better than those offered by Macarthys. The Unibond plan penalises no-oneevery independent pharmacy can share in the multi-million pound bonus, simply by supporting Unichem.

I see from Mr Ritchie's reported comments as group chairman that Macarthys are to question what business they are in. Not before time. To attack a scheme which is of direct financial benefit to independent pharmacy today suggests a contempt for the intelligence of the pharmacists at which it is aimed.

P.J. Dodd

Managing director, Unichem Ltd.

Shopkeepers or professionals?

Each week I read Chemist & Druggist as thoroughly as possible, in order to understand what is happening in pharmacy today. We had as many problems in my apprenticeship days as we have today, although perhaps not so complex. But then, as now, we behaved as shopkeepers while claiming the status of professional

Today, we are still demanding that status, without, in the main, making any effort to obtain the knowledge to deserve it.

Dr Newcombe seems to make that point in a recent issue (September 29), and on that point I feel that I would like to comment.

Dr Briggs of the London School of Pharmacy, and his colleagues, organise a whole series of lectures, in various places, in order to give pharmacists the opportunity to increase their knowledge, and so be better fitted to advise as professional men. After more than fifty years in pharmacy, I am surprised that there is room for me at those lectures. Where are the young and middle-aged people? Are they too busy with their computers and

The efforts of those who organise such lectures deserve greater support, and the profession needs the knowledge. John H. Parkes

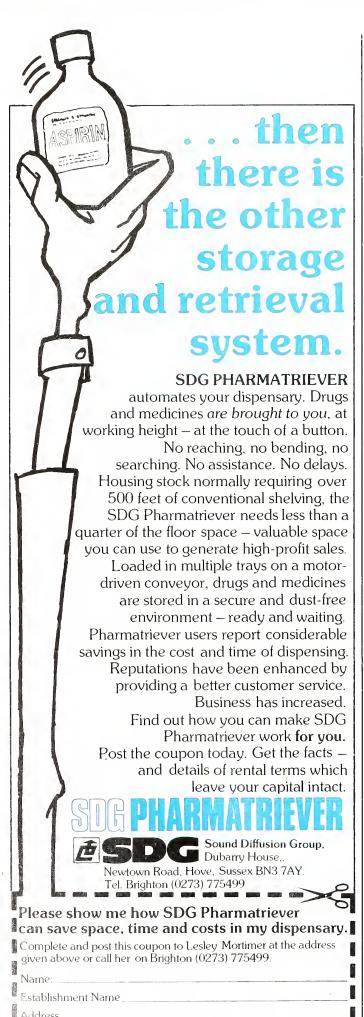
Thorpe Bay, Essex.

Right owners

For the sake of good order and historical accuracy may I correct some of the statements printed in your article "Senior citizens in service" (C&D, Sept 15, p491).

Vestric — the reference to James Woolley is wrong. James Woolley was purchased by British Drug Houses in July 1962.

Chemist & Druggist 13 October 1984



LETTERS

Vestric was not incorporated until November 1965 and Woolleys then became part of that company.

Evans Medical — BDH were never owned jointly by Glaxo and Mead Johnson. Mead Johnson held 30 per cent of the ordinary shares of BDH which they sold to Glaxo. Some months after the purchase of the Mead Johnson shareholding, Glaxo acquired the remaining 70 per cent of the issued capital, all of which was held by institutions and the general public.

Frank W. Griffin

Formerly managing director, BDH Group Ltd, and first chairman of Vestric Ltd Tunbridge Wells, Kent.

The eyes have it!

Far from Xrayser showing a lack of understanding of the wholesale supply of contact lens solutions, may I suggest that Mr Evans letter (*C&D* last week) shows a sublime lack of understanding of the supply position of these products.

During the last few weeks in particular, we have lost countless sales of contact lens solutions due to the sheer inability of the socalled national wholesale stockists to meet orders.

Whether the fault lies with the manufacturers or the wholesalers is not clear but we certainly share Xrayser's frustration at the difficulties of trying to maintain a stock of these preparations.

Mr Evans should perhaps try to remove the beam in his own eye before attempting to remove the mote in the eyes of his retail distributors.

R.M. Hall

Huntingdon, Cambs.

NEWS

CD security for review?

Health Minister Kenneth Clarke told the Conservative Conference on Wednesday that the Government is urgently studying the recommendations of the Advisory Committee on the Misuse of Drugs so as to improve the security of Controlled Drugs and reduce drug thefts.

He also stated that new guidelines are to be issued to doctors—on the best clinical practice for dealing with drug abuse and said: "There will be no excuse for sloppy prescribing in the future."

Novel Squibb 'card'

Interim results from a novel post-marketing study of Capoten suggest that the drug has a low incidence of side effects and has a useful role to in the management of hypertension.

And the Department of Health is considering using a similar system in a pilot scheme to monitor general adverse drug reactions, as a possible alternative or supplement to the "yellow card" scheme.

E.R. Squibb have loaned over 1,000 GPs a television set and keyboard with which they enter data directly into the company's mainframe computer using the Prestel telephone line. The doctors have been asked to collect medical details, monitor blood pressure, and record concomitant therapy, new symptoms and other unusual events for patients who are prescribed Capoten.

The system, devised by Baric, is interactive Chemist & Druggist 13 October 1984



BUSINESS NEWS

Sales up but profits down for Vestric

Vestric increased sales by 16 per cent to £325m in the year to June, but trading profits fell £1.2m to £2.8m. Managing director Peter Worling blames the shortfall on continued discount wars and Government action on pricing.

"The time has come when a sensible level of profit has to be restored to pharmaceutical distribution in this country," he goes on. "It is ridiculous to have wholesalers giving discounts, in some cases up to 10 per cent, when that money is subsequently clawed-back by Government. As a result many wholesalers are operating at little or no profit."

Mr Worling accepts pharmacists may be tempted to buy parallel imports, but points out they only have this luxury so long as established wholesalers continue

with a daily supply of slower-moving lines. "The future of comprehensive distribution is put in jeopardy," he says.

"The most encouraging factor in the past year has been the number of retail pharmacists who clearly understand this, and have not been tempted to make shortterm gains. They have put their professional responsibility before profit.

"Anyone can offer drugs at cut prices, but we believe the pharmacist needs and will support a comprehensive wholesale service at a reasonable price.".

Exceptional reorganisation costs devoted to the closing of some smaller depots and transfer of business to the larger branches — cost Vestric some £1.5m over the year. "These exceptional costs will have to be met out of future profits," says Peter Worling..

Parent company Glaxo had an easier

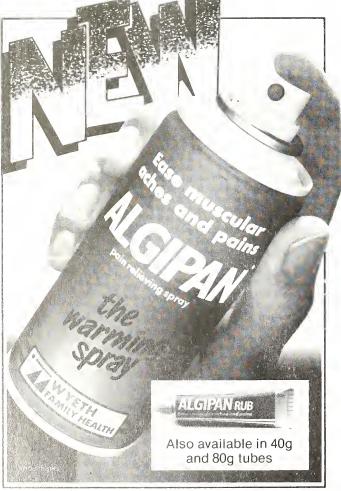


Managing director Peter Worling

year, with a sales increase of 17 per cent and pre-tax profits up 37 per cent. Turnover of £1,200m generated a pre-tax gain of £256m.

Sales in the UK — excluding wholesaling — increased by £22m to reach £195m.

The company single out sales of Zantac



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BUSINESS NEWS

for particular credit. Now sold in more than 80 countries, and enjoying rapid launch success in Japan and the USA, Zantac's international sales are estimated at around £250m. A year earlier the total was £100m.

Big boys out of the High Street?

Supermarkets are moving out of the High Street, according to *The Grocer*.

Executives from both Tesco and Sainsbury say their companies futures lie with edge-of-town developments.

"I cannot see us developing another shop in the High Street," says Tesco deputy chairman Ian MacLaurin. Gurth Hoyar-Millar, development director of Sainsbury agrees. "We cannot ignore the need to use the motor car for food shopping, or the need to keep cars out of town centres."

Sundays lobby at Tory conference

The National Chamber of Trade took the opportunity of this week's Tory Party Conference to lobby delegates on the vexed question of Sunday opening.

They say both those who argue for abolition of all restrictions and the advocates of leaving the law as it is are "extremists." The NCT's own draft bill, produced last November, suggests polling retailers in a particular area before the local authority decides whether or not to allow Sunday or late night shopping in that area. This, they argue, would provide a middle way.

The NCT's action follows a National Consumer Council survey claiming 69 per cent of the public want to see shops open on Sunday. Shopworker's union USDAW have been quick to condemn these results as "misleading."

"Since the open-all-hours lobby has been pretending you have to abolish the Shops Act rather than reform it, it is hardly surprising many of the public are confused," says the union.

Fisons buying again in USA

Fisons are expanding their US healthcare interests with the purchase of Pacific Hemostasis.

Pacific, biomedical manufacturers of coagulation reagents and controls, will cost Fisons a total of \$1.775m. The company will become part of Fisons subsidiary Curtin Matheson Scientific. CMS have held exclusive marketing rights to Pacific's products for several years.

Fisons said they would augment CMS with manufacturing operations when they bought the company in March. This acquisition is part of that strategy.

MODISPLAY

The Space Planners

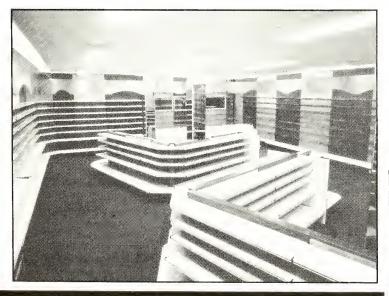
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£182m Dixons bid for Currys

Dixons have made a £182m takeover bid for Currys.

Currys, who are advising their shareholders to sit tight, describe the offer as "wholly inadequate...reflecting neither current trading nor future prospects."

Dixons are offering £4.75 in cash plus one Dixons share for every Currys share. Dixons' shares are currently worth around £2.95, while the chance of a rival for Currys' hand emerging put has sent their shares soaring to £4.17. A cash alternative of £3.75 per share is also available.

Likely counter-bidders may include Harris Queensway, Heron Corporation, BAT or Habitat Mothercare.

Currys were made vulnerable to a bid by recent first-half results showing profits sharply down at £8.4m.

Dixons chairman Stanley Kalms, who

admits he's had his eye on the other company for 30 years, says Currys are old-fashioned. "Retailing these days is a sophisticated art" he says. "You don't just fill up your shelves and invite people to buy."

In reply, Currys point out that they've just brought in a designer to give their 530 stores a facelift, and that the company has two new superstores about to open.

Dixons already own a 3.2 per cent stake in Currys. The Currys family own about 35 per cent.



Greater role for 'healthy' products

Health foods and vitamin products will play an increasing role for pharmaceutical companies in the future, say Key Note.

"The older generation, brought up to worship 'wonder drugs' such as penicillin and anti-TB medicines, is being replaced by a more suspicious generation" they go

"However, these new consumers are more health-conscious than ever before, and although this makes them question the wisdom of depending on tranquillisers, pain-killers or heart drugs, it also leads them to demand more sophisticated OTCs—in particular vitamins and health foods.

"These products will consequently move from the periphery of the drug companies' interests to a more central position."

Looking at some of the industry's current ills — principally coming to terms with changes in the Pharmaceutical Price Regulation Scheme and improving its public image — Key Note conclude short-term prospects are "anything but rosy."

"In the long term there are some very concrete reasons for a pessimistic view," they add.

Turning to the attitudes of doctors, Key Note once again see a generation more antagonistic to the drug industry than were their predecessors. They cite a recent survey of GPs (conducted by Medical & Clinical Research) showing the number of doctors who class themselves as "innovators" in prescribing falling while

the "conservatives" category climb.
Doctors still find reps visits the most useful source of information about new drugs,
Key Note say.

On a brighter note, the report says Government attitudes to the industry should not be seen as hostile, despite tightening of the PPRS.

"From controls on parallel imports, evidence that the DHSS may be prepared to consider 'declassifying' more prescription drugs, and the consideration being given to increasing patent lives, it can generally be concluded that Government policy to the industry is favourable."

Pharmaceuticals (£75.00), Key Note Publications Ltd, 28 Banner Street, London EC1 8QE.

DHSS opening for Sterilin HQ

Sterilin's new HQ in Feltham, Middlesex, was last week officially opened by Gordon Higson of the DHSS's scientific staff.

Sterilin House offers the company 36,000 sq ft of office, warehouse and manufacturing space, and allows them to bring together all their operations under one roof.

Previously the instrument division of the company and Esco Rubber had been based elsewhere.

Housewares buy for Pifco

Pifco are taking over kitchenware manufacturers Swan Housewares in a £10m cash deal.

Swan, who make kettles and other kitchen equipment, are currently a subidiary of Hong Kong's BSR electronics group. The company has some 1,200 employees (compared to Pifco's total of about 350), and sales in the last financial year of £35m (compared to Pifco's £13.5m).

Pifco's profits last year were ahead of Swan's however, at £1.4m against just under £1m.

Pifco, who currently manufacture few of their own products, preferring to subcontract or import, will also take on three Swan factories. There has been speculation that Swan's Northern Ireland production facilities are vulnerable, however.

The two company's product ranges are broadly complimentary, with toasters the only overlap.

Unichem sequel to 'Vital Role'

Unichem have produced a 10-minute audio-visual programme on "Computers in pharmacy", outlining how computers are helping community pharmacy today.

The programme, which follows "The Vital Role" programme of last year, summarises the various types of systems used by pharmacy citing Unichem's services as example.

"Computers in pharmacy" is being shown as part of Unichem's current series of Prism seminars. The company hopes to use the programme as part of its general public relations campaign.

It is available on VHS video tape and synchronised slide/tape production.
Details from David Walker, *Unichem Ltd, Unichem House, Cox Lane, Chessington, Surrey.*

Retail sales

The Department of Trade & Industry's August retail sales index (1980 = 100) shows a year-on-year rise of 13 per cent to 152 for dispensing chemists (NHS receipts are excluded). The figure for all businesses rose 7 per cent to reach 133.

Sanol Schwartz promote Medo

Sanol Schwartz have taken on promotion of the products of subsidiary, Medo Pharmacueticals.

This means there will be a substantial increase in retail chemist coverage by the company, they say. Medo's main lines include the Pholcomed cough range and the laxative Dioctyl.

Sanol Schwartz managing director, Mr J.A. Troup, says: "This change is a logical progression and shows the increasing commitment of our company to the retail pharmacist".

Taylor of London have bought a second factory alongside their existing one in Alresford, Hampshire. It will provide extra production and warehousing facilities to cope with "greatly increased demand". Additional production staff are currently being recruited from the area, and the company promise a major new product launch for early next year.

Monday, October 15

Mid Glamorgan East Branch, Pharmaceutical Society. The Globe Hotel, Pontypridd, at 8pm. Ivor Harrison on "Counterprescribing." Buffet.

Plymouth Branch. Pharmaceutical Society. board room, Derriford Hospital, Plymouth, at 8pm. Mr David Knowles, member of Council, on "The report of the working party on pharmaceutical education."

Southampton Branch. Pharmaceutical Society. Hampshire College of Agriculture, Sparsholt, "Drugs related to Livestock." Buffet.

Wednesday, October 17

Epsom Branch. Pharmaceutical Society. Bradbury postgraduate medical centre, Epsom District Hospital (2nd floor), at 7.45pm. Mrs A Ory from the National Eczema Society on "The problems of Eczema."

Willesden Branch, Unichem, Lords banqueting centre, Lords cricket ground, St John's Wood, London, 3pm-10pm. Trade show More than 60 manufacturers expected.

Thursday, October 18

Bedfordshire Branch. Pharmaceutical Society. Bird-in-Hand, Henlow Camp Crossroads, at 8pm. Colin Hitchings, past president of Pharmaceutical Society, on "The work of the Pharmaceutical Society's Council."

Dundee and Eastern Scottish Branch, Pharmaceutical Society, lecture theatre 3, Ninewells medical school, Dundee, at 7.30pm. Dr E. Moore, department of community medicine, Dudhope House, Dundee, on "Homoeopathy."

Lancaster, Morecambe Branch, Pharmaceutical Society, staff room, Boots, Euston Road, N. Morecambe, at 7.45pm. Pharmacy forum cheese and wine evening.

Advance information

John Richardson Computers "Road show." Stakis Park Hotel, Falkirk on October 24 and at Swallow Hotel, Invergowne, Dundee on October 25. Both sessions run 2-9pm. Informal demonstrations with several labelling systems available to try out. Further information from the sales office, John Richardson Computers. Tel: 0772 323763.

Hospital Pharmacists Group. Pharmaceutical Society. Collins building, University of Strathclyde, Richmond Street, Glasgow, October 31, at 9am. Group meeting on "Clinical pharmacy and oncology." Cost £20. Application to Mr RE Marshall, The Pharmaceutical Society of Great Britain, 1 Lambeth High Street, London SEI 7JN.

Hospital Pharmacists Group, Pharmaceutical Society, Society headquarters, 1 Lambeth High Street, London SE1 7IN. Group meeting on "Clinical pharmacy in psychiatric care. Cost £20. Application to Mr RE Marshall at the above address.

May & Baker community pharmacy award lecture, Royal Lancaster Hotel, Lancaster Terrace, London W2, Sunday November 4, 10am-4pm. Award Lecture by Miss Alison Morely of the practice research unit at the University of Aston in Birmingham, on "How pharmacists respond to symptoms." Details from Dr D. J. Anderson, district pharmaceutical officer, St Mary's Hospital, Praed Street, London W2 INY.

Effective Marketing Resources, Medical Mailing Company

training centre, London W13, November 7-8. Two-day workshop aimed at helping product managers improve their knowledge of finance and pharmaceutical marketing. Details from Brian Moore, Effective Marketing Resources Ltd, 64 Park Street, Camberley, Surrey GU15 3PT (tel: 0276 65643).

British Chemical Distributors & Traders Association, Crest Hotel, Heathrow Airport, November 15, at 9.30am. Seminar on "Classification, packaging and labelling of dangerous substances: the new legislation — how you cope and the future." Applications to Miss Wayne Hamer, BCDTA, 12b Westminster Palace Gardens, Artillery Row, London.

ACM Machinery Ltd. Crest Hotel, Heathrow Airport, November 27-28. Two-day technical meeting "ACMEX 84," on production and coating of solid dosage forms for controlled release manufacture. Information from ACM Machinery Ltd, Old Kiln House, Silchester Road, Tadley, Hunts RG26 6PX (tel 07356 71671).

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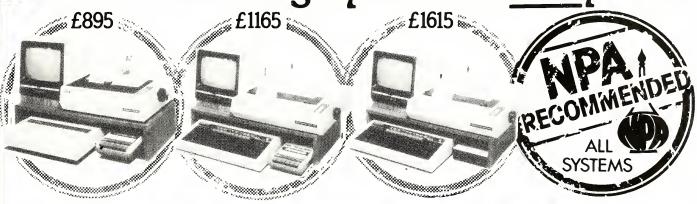
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PEOPLE

Top job for Miss Kelly at CTPA

Miss Marion Kelly, currently secretary of the Proprietary Association of Great Britain, is to move to the Cosmetic Toiletry and Perfumery Association in January 1985 as director general.

The appointment follows the election of the CTPA's previous director general, Mr Bryan Cassidy, to the European Parliament earlier this year.

Miss Kelly, born in Australia, began her career as a pharmacist in Melbourne and Sydney before moving to hospital and retail work in London.

In the late 1960s she decided to see "what life outside a white coat was like" and did some public relations work, organised Gestetner's travelling exhibition for a time and sold hotel space for conferences. But after two years Miss Kelly decided she was better off in a white coat after all and started work at the Hilton Hotel and Grosvenor House pharmacies.

Miss Kelly joined the PAGB in 1974 after looking for a job which required pharmaceutical expertise, but was outside straightforward hospital and retail work.

Appointed as the PAGB's advertising services executive, her responsibilities included scrutinising advertisements for medicines and advising companies on these.

Fly Winpharm to Hong Kong

Six comunity pharmacists will soon be hearing that they have won a trip for two to the 1985 Pan Pacific III pharmacy conference in Hong Kong. They are the entrants in a Winpharm competition who most closely agreed with the six factors important to the future prosperity of pharmacy, as determined by the pooled preferences of the judging panel (see picture).

The panel's order was: (1) Promoting the professional role of the community pharmacist to the public; (2) remuneration. (3) more effective medicines for counter prescribing; (4) the trend to self-medication; (5) compensating for loss of traditional markets and the growing share of the community pharmacist's business; (6) expansion of the computer revolution.



"The job was very fast moving and meant one had to be acquainted with almost everything, particularly the legislation," she says. So much so in fact that one Department of Health official described her as "the world's leading expert on labelling an aspirin bottle."

Two and a half years ago Miss Kelly succeeded Mr Tony Fuel as PAGB secretary, a job which she has found enormously challenging and great fun: "I am sorry to be leaving really because a lot of what we started working on is just coming to fruition." However, Miss Kelly looks forward to her new job with enthusiasm: "I had not expected the CTPA post to come up," she says, "but I have always had a lot of respect for the organisation: they get things done."

The new post is seen as a logical career progression involving similar negotiations although obviously dealing with different types of product.

The PAGB will be recruiting a new secretary from outside the organisation over the next two months or so.

Leaving Ciba after 34 years

Jack Croy, MPS, retires on October 31 as Ciba-Geigy's head of public relations.

He qualified as a pharmacist in 1946 after training at Heriot-Watt University and with Boots. He did two years service with the Army then re-joined Boots to work in London for about four years.

In 1951 Mr Croy joined Ciba as a representative and returned to his native Scotland, in 1960 becoming area manager for Scotland and Northern Ireland. In 1968 he went to New Zealand to be Ciba's pharmaceutical division manager based in Wellington. He returned to England four years later to become the company's marketing manager in Horsham.

His successor is Mr Michael Findlay, a veterinary surgeon with a background in public relations.

Watkins: On October 2, Aubrey Watkins, aged 45, of Harlequin Lane, Crowborough, Kent, of a heart attack after a short illness. Mr Watkins had been the manager of the Boots store in Tunbridge Wells (branch 938) for ten years. He was previously assistant manager at Croydon

previously assistant manager at Croydon (866), and joined Boots when it took over the Timothy Whites chain. He qualified in 1962. He leaves a wife and two sons.



Thankful that a computer was on hand to match entries with the judges preferred order are panel members from right to left, Ron Salmon (publisher, C&D), Tim Astill (director, National Pharmaceutical Society), Bernard Hardisty (managing director, Winpharm), Colin Hitchings (immediate past-president, Pharmaceutical Society) and Robert Blyth (Editor, Pharmaceutical Journal). Programming and running the computer was Chris Barlow, MPS, Winpharm's scientific controller

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